NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 152

Sex Female Color White Nationality Irish Name Julia Katharine Dodd.

Born Nov. 22-1894 At Fargo, N. D. Age Last Birthday Residence Now Oregon.

Admitted from what County Cass Co. Date Jan-2-1904 Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state June 1909.

What is He Called at Home Julia Give Full Name of Father John Dodd Mother Alice Dodd.

Nationality of Father Irish Mother American Are Both Living yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent moderate.

Does Applicant Live With Parents yes. If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Fargo, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Charles, Willie, Marie, Marion

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Congenital

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Loud

Can He Speak any Words Distinctly papa + mama

Can He Read Words from the Motion of the Lips — Yes some

Have his Ears Been Especially Examined or Treated by and Aurist — Yes

If so, With What Results — none

How do thhe Parents Talk with Him — motions & lips

What Useful Things Can He do About the House — many things

Has Applicant Sound Mind — Yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — yes When — Several yrs. ago

What is the Condition of Eye Sight — normal

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — no

Scarlet Fever — no

Spotted Fever — "

Measles — yes

Diphtheria — no

What Church Shall Applicant Attend — Catholic

Will Parents Give Him a Full Course in the School for Deaf — Yes, if her progress is satisfactory.

Is His Father a Citizen of North Dakota — Yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — Dr. F. J. Campbed, Fargo, N.D.

Give Here Name and Address of Applicant's Family Physician

ad. 1/2/04

Left State June 1909
in school 6 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 153

Sex Female Color White Nationality Dutch Canadian Name Zelma Alice Carrick.

Born June 14-1892 At Edmunds, N.D. Age Last Birthday Residence Now Unknown

Admitted from what County Stutsman Date Feb. 17-1904 Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state June 13, 1908.

What is He Called at Home Zelma Give Full Name of Father Wm. Carrick Mother Alice Nettie Carrick.

Nationality of Father Dutch Can. Mother Dutch Canadian Are Both Living Yes

What is Father's Business or Profession Carpenter

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Edmunds, Stutsman Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Edmunds On What Railway N.P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Not the travelling expenses.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Wallace, Junie, Carl.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 6 yr 9 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Little Rock, Ark. When How Long 4 terms.

What Sounds Can the Applicant Hear, If any Cannot hear much.

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips — Some

Have his Ears Been Especially Examined or Treated by and. Aurist — Yes, examined

If so, With What Results

How do thhe Parents Talk with Him — Speech and signs

What Useful Things Can He do About the House — Wash dishes.

Has Applicant Sound Mind — Yes

Good Health — Yes

Any Bodily Deformity — no

Any Immoral Habits — no

Any Contagious Disease — no

Nervous Trembling — no

Tobacco Habit — "

Fits of Any Kind — "

Been Vaccinated — Yes — When — Before School term

What is the Condition of Eye Sight — Little affected.

Has Applicant Had Small Pox — no

Scarlet Fever — Yes

Measles — Yes

Mumps — no

Whooping Cough — Yes

Spotted Fever — no

Diphtheria — no.

What Church Shall Applicant Attend — Baptist

Will Parents Give Him a Full Course in the School for Deaf — Yes

Is His Father a Citizen of North Dakota — Yes

Has the Father any Intention of Leaving the State Within a Year — Think not

Give Name and Post Office Address of Person Furnishing this Information — Alice Carrick, Edmunds N. D.

Give Here Name and Address of Applicant's Family Physician

ad. 2/17/04
Left State 1908
In school 5 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 154

Sex Female Color White Nationality Russian Name Agneta Derkson

Born Apr. 19, 1897 At Age Last Birthday Residence Now unknown.

Admitted from what County Cavalier Co. Date Sept. 14, 1904. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of state Sept. 1906.

What is He Called at Home Give Full Name of Father Jacob Derkson Mother Helena Derkson.

Nationality of Father Russian Mother Russian. Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Langdon, Cavalier Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station 7 miles On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Pete, Annie, John, Henry, Helena, Abraham, Wilhelme, Ben, Margaret, Jake, Agneta, Aaron

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever.

At What Age did Applicant Become Deaf 2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any cant say.

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results slight improvement

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House tend baby etc

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever yes | Measles yes

Mumps no | Whooping Cough no | Spotted Fever no | Diphtheria no

What Church Shall Applicant Attend Baptist.

Will Parents Give Him a Full Course in the School for Deaf If in power financially.

Is His Father a Citizen of North Dakota Has declaratory papers.

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Wm. Stevenson, Langdon, N. D.

Give Here Name and Address of Applicant's Family Physician

Admitted: Sept. 14, 1904; Left State: Sept 1906; In School: 2 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 155

Sex Female Color White Nationality Norwegian Name Edith Irene Bjork.

Born Nov. 13 - 1897 At Forman, N. D. Age Last Birthday Residence Now Forman (In School - 1912)

Admitted from what County Sargent Date Sept. 14 - 1904 Railway Station

Clothing and Transportation Paid By Parents Supported By

What is He Called at Home Edith Give Full Name of Father Magnus Bjork Mother Lena Bjork

Nationality of Father Scandinavian Mother Scandinavian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Forman, N. D. Sargent Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Forman On What Railway Soo Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Mother

Name Applicants Brothers and Sisters—Oldest First Jones Edwin Bjork.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Un

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause Dont know

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any not any.

Can He Speak any Words Distinctly mama.

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results No result

How do thhe Parents Talk with Him Motions

What Useful Things Can He do About the House Hitch pony & wash dishes.

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit "

Good Health Yes

Any Contagious Disease No

Fits of Any Kind "

Any Bodily Deformity No

Nervous Trembling no.

Been Vaccinated "

When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No

Mumps No

Whooping Cough No

Scarlet Fever No

Spotted Fever "

Measles Yes

Diphtheria No.

What Church Shall Applicant Attend Swedish Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information A. M. Simpson, Forman.

Give Here Name and Address of Applicant's Family Physician Dr. W. W. Bradley.

ad. 9/14/04

Graduated June 12, 1916.

in school 12 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 156

Sex Female Color White Nationality German Name Hulda Vogel

Born 13 Apr. 1896 At Towner Co. N.D. Age Last Birthday Residence Now Rock Lake (School - 1912)

Admitted from what County Towner Date Sept. 14 - 1904. Railway Station (Died of Flu, 1918)

Clothing and Transportation Paid By Supported By

Left school 1915.

What is He Called at Home Hulda Give Full Name of Father Fredrick Vogel Mother Hattie Vogel.

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live.

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County ~~Rock Lake~~ Bisbee, Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Perth On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Manda, Ida, Hulda, Bertha, Fred, Ludy.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 10 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Loud

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him By talking loud.

What Useful Things Can He do About the House all kinds.

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling yes

Tobacco Habit " Fits of Any Kind " Been Vaccinated no When

What is the Condition of Eye Sight Good.

Has Applicant Had Small Pox no Scarlet Fever no Measles yes

Mumps no Whooping Cough no Spotted Fever " Diphtheria no.

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information C. P. Peterson, Bisbee, Towner Co.

Give Here Name and Address of Applicant's Family Physician

ad. 9/14/04
Left June 30 1915
in school 11 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 157

Sex male Color white Nationality German Name Hermann Lade.

Born Sept. 24, 1884 At — Age Last Birthday Residence Now Minot

Admitted from what County ward co. Date Sept. 14, 1904. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from rolls June 1908.

What is He Called at Home Herman Give Full Name of Father Frank Lade Mother Emilie Lade

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Minot, Ward Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Minot On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Emil, Martha, Lydia, Minna, Lena, Otilie, Clara, August, Arthur.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Very loud.

Can He Speak any Words Distinctly Yes.

Can He Read Words from the Motion of the Lips Sometimes

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him mostly by signs

What Useful Things Can He do About the House Everything

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox no Scarlet Fever no Measles yes

Mumps no Whooping Cough no Spotted Fever " Diphtheria no

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Mr. Frank Lade, Minot, N.D.

Give Here Name and Address of Applicant's Family Physician

ad. 9/14/04
dropped June 1909
in school 5 years

NORTH DAKOTA SCHOOL FOR THE DEAF

#158

Application of Nels E. Dehly | Post Office Chuchs Ferry | County Ramsey

Name of parents or guardian. Esias Dehly | (father) Augusta Dehly | (mother) Esias Dehly

Filed Sept 17- 1904 | Admitted Sept 17-1904 | Graduated

Discharged for | Moved out of State | Dropped from rolls because

Remarks

1. What is the full name of the applicant? Nels E. Dehly
2. When was the applicant born? Aug 13-1897 Where? York - Fillmore Co.
3. What is he called at home?
4. Give full names of the father and the mother. Augusta and Esias Dehly
5. What is the nationality of the parents? Norwegian
6. What is the profession or business of the father? Farmer
7. Is his pecuniary condition indigent, easy, or affluent? Easy
8. Are both parents living? yes Are parents separated?
9. If one parent is dead, state cause of death.
10. If both parents are not living, has a second marriage taken place?
11. Does the applicant live with parents? yes If not, state with whom and why
12. Who will take the applicant home in vacation, or when requested to do so? Father
13. What is the post-office address of the parents or guardian? Chuchs Ferry (Town) Ramsey (County)
14. If living on a farm, describe locality with reference to nearest town
15. What is the nearest railroad station? Chuchs Ferry On what road? G. N.
16. Are the parents able to clothe the applicant and pay travelling expense? yes
17. If not, who will do this?
18. What are the names of the applicant's brothers and sisters? Commencing with eldest.

Gertude Knute Johanna John Ole albert Edobi

19. Are any of them deaf? Blind? Feeble-minded? Insane? Crippled? If so, give name and cause.
20. Has the applicant or his parents any deaf, blind, feeble-minded, crippled, or insane relatives? If so, give particulars. Wife partly deaf
21. Was there any blood relation in the parents before marriage? no. If so, were they first, second, third, or fourth cousins?
22. What is the cause of the applicant's deafness, in the opinion of the physician, and the parents? unknown
23. At what age did the applicant become deaf? 6 weeks old
24. If the applicant was born deaf, what do the parents regard as the cause?
25. Has the applicant ever been to school? If so, when, where and how long? no.
26. What sounds, if any, can the applicant hear? Loud sounds
27. Can the applicant speak any words distinctly? yes
28. Can the applicant read words from the motion of the lips? no.
29. Have the applicant's ears been examined? If so, state where and by whom. yes - no results
30. What was the opinion of these doctors?
31. Were the applicant's ears treated? If so, state fully.
32. Did his hearing improve after treatment?
33. How do the parents talk to the applicant? Loud talk
34. What useful things can the applicant do?
35. Has he a sound mind? yes Has he good health? yes

36. Has he any bodily deformity? No. 37. Has he any immoral habits? No.

38. Has he any contagious disease? No Any eruption on face or body?

39. Is he troubled with nervous trembling? No. If so, what caused it?

40. Is he addicted to the use of tobacco? No 41. Is he subject to fits of any kind? No.

42. What is the condition of his eyesight? good Have eyes been tested? If so, when and by whom?

Were glasses recommended? Is the applicant wearing glasses now?

43. Have the applicant's tonsils and adenoids been removed? If so, when and by whom?

44. Has the applicant been vaccinated? No. When?

45. Has the applicant had

A. The small-pox? No. D. The mumps? No. G. Diphtheria? No.

B. The scarlet fever? No. E. The whooping cough? No H. Chicken-pox?

C. Red measles? Yes F. German measles? I. Other diseases

46. What church do the parents wish the applicant to be affiliated with? Lutheran

47. Do the parents intend to give the applicant a full course in this school? Yes

48. Is the applicant's father a citizen of North Dakota? Yes 49. Has he any intention of leaving the state within a year?

50. What is the name and post-office of the person who filled this blank? D F Bangs

51. What is the name and postoffice of the applicant's family physician?

52. Have the applicant's parents a telephone in the home? If so, give exchange it is reached through and number of telephone.

Can parents be reached by Western Union telegraph? If so, through what office?

ADMITTED 9/17/04

(D) Dropped Spring 1906
2 yrs. school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 159

Sex male Color White Nationality Irish Name Arthur Edwards Gannaw

Born May 8-1893 At Grand Forks Age Last Birthday Residence Now Gr. Forks (School-1912)

Admitted from what County G. F. Date Sept. 25-1904 Railway Station (Died. 1919)

Clothing and Transportation Paid By Parents. Supported By

Dropped from rolls Jan. 31, 1918.

What is He Called at Home Arthur Give Full Name of Father Peter Gannaw Mother Johanna Gannaw.

Nationality of Father Irish Mother Irish Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Grand Forks, N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Grand Forks. On What Railway N.P

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Thomas, John, Catherine, Mary, William, Emmett, James, Frank, Mickkle.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No.

Or Partially So

Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins Fourth cousins.

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where G. F. public school When How Long 2 terms.

What Sounds Can the Applicant Hear, If any Sharp rounds

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips A little

Have his Ears Been Especially Examined or Treated by and Aurist Yes by Dr. J. D. Taylor

If so, With What Results no results.

How do thhe Parents Talk with Him Speech and motions.

What Useful Things Can He do About the House Has not been given any housework to do.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 3 yrs. ago

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps yes Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles yes

Diphtheria no.

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Peter Gannan, G. Forks.

Give Here Name and Address of Applicant's Family Physician Dr. J. D. Taylor, Grand Forks.

ad 9/25/04
dropped june 1918
in school 12 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 160

Sex Female Color White Nationality Norwegian Name Anna Sperre

Born Jan 4-1873 At Norway Age Last Birthday Residence Now Unknown.

Admitted from what County Bottineau Co. Date Oct. 3-1904. Railway Station

Clothing and Transportation Paid By Supported By

Left school April 15, 1905

What is He Called at Home Anna Give Full Name of Father Torger Sperre Mother Marica Sperre.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Common Laborer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents No If Not Why Is a tailoress and supports herself.

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian She has no guardian

Post Office Address of Parent or Guardian and County Ormemee, N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway G.N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses She herself.

Who Will Take Applicant Home in Vacation—or When Requested " "

Name Applicants Brothers and Sisters—Oldest First Ellen, Lustain

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars No

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever

At What Age did Applicant Become Deaf 2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where When How Long 7 years.

What Sounds Can the Applicant Hear, If any musical sounds

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Lip movement

What Useful Things Can He do About the House Anything. Sewing a specialty.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 1 yr. ago.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps yes Whooping Cough yes

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf no

Is His Father a Citizen of North Dakota no

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information N. O. Welker, Omemee, N. D.

Give Here Name and Address of Applicant's Family Physician

Admitted: Oct. 3, 1904; Left Apr. 15, 1905; In School: 7 months.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 161

Sex Female Color White Nationality Norwegian Name Clara J. Alfson.

Born Nov. 16-1897 At —— Age Last Birthday Residence Now Reynolds

Admitted from what County Gr. Forks Co. Date Nov. 15-1904 Railway Station

Clothing and Transportation Paid By Supported By

Dropped out.

What is He Called at Home Clara Give Full Name of Father John H. Alfson Mother Josie J. Alfson

Nationality of Father Norwegian Mother Norwegian Are Both Living No

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents If Not Why

With Whom Does He Live

Are Parents Both Living No Which is Dead mother Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Reynolds N. D.

If they Live on a Farm give Description W ½ S W ¼ town 149 R. 49. On Rural Telephone

Name of Nearest Railroad Station On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested Father if able

Name Applicants Brothers and Sisters—Oldest First

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf 1 yr. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly papa

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight

Has Applicant Had Small Pox no

Mumps no. Whooping Cough yes

Scarlet Fever no

Spotted Fever "

Measles yes

Diphtheria no

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information H. R. Drakeson.

Give Here Name and Address of Applicant's Family Physician

ad. 11/15/04
dropped 1921
in school 16 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 162

Sex Female Color White Nationality German Name Emma Beier

Born Dec 2-1895 At Fessenden, N.D. Age Last Birthday Residence Now Fessenden (Feb. 1912)

Admitted from what County Wells Date Sept. 17-1905 Railway Station (Dead)

Clothing and Transportation Paid By Supported By

Dropped from the rolls June 30, 1915 on account of poor health.

What is He Called at Home Emma Give Full Name of Father Gottfried Beier Mother Mary Beier

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Fessenden, N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Fessenden On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Emma, Helena, Lydia.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes: Helena is deaf and dumb.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins 2nd. cousins

What Does the Doctor and Parents Give as Cause of the Deafness Don't know

At What Age did Applicant Become Deaf Don't know If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Very loud.

Can He Speak any Words Distinctly Em

Can He Read Words from the Motion of the Lips — Some words.

Have his Ears Been Especially Examined or Treated by and Aurist — not by a specialist

If so, With What Results

How do thhe Parents Talk with Him — German.

What Useful Things Can He do About the House — Wash dishes, sweep, feed chickens.

Has Applicant Sound Mind — Yes

Any Immoral Habits — No

Tobacco Habit — "

Good Health — Yes

Any Contagious Disease — No

Fits of Any Kind — "

Any Bodily Deformity — No

Nervous Trembling — No

Been Vaccinated — " When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — No

Mumps — No

Whooping Cough — No

Scarlet Fever — No

Spotted Fever — "

Measles — No

Diphtheria — "

What Church Shall Applicant Attend — Congregational.

Will Parents Give Him a Full Course in the School for Deaf — several years.

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — Josephine Paulsen, Fessenden, N.D. C. Supt.

Give Here Name and Address of Applicant's Family Physician

ad 9/7/05

dropped June 1915

in school 10 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 163

Sex Female Color White Nationality German Name Helena Beier.

Born June 2-1898 At Fessenden N D Age Last Birthday Residence Now Fessenden (Feb. 1912).

Admitted from what County Wells Date Sept. 17-1905. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Helena Give Full Name of Father Gottfried Beier Mother Mary Beier

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Getting along fairly well.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Fessenden, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Fessenden On What Railway Soo Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Emma, Helena, Lydia.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, Emma is deaf and dumb.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins Parents are second cousins.

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause Dont know

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Loud noises

Can He Speak any Words Distinctly "Em"

Can He Read Words from the Motion of the Lips Some words.

Have his Ears Been Especially Examined or Treated by and Aurist not by a Specialist.

If so, With What Results

How do thhe Parents Talk with Him German.

What Useful Things Can He do About the House wash dishes, sweep, feed chickens.

Has Applicant Sound Mind Yes

Any Immoral Habits no

Tobacco Habit "

Good Health Yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated "

When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no

Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Congregational

Will Parents Give Him a Full Course in the School for Deaf Several years.

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Josephine Paulsen, Fessenden, N.D.

Give Here Name and Address of Applicant's Family Physician

ad 9/7/05
Graduated June 15, 1916.
in school 11 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 164

Sex Female Color White Nationality Eng. American Name Ina Rebecca Tibert

Born Nov. 24-1898 At Fargo, N.D. Age Last Birthday Residence Now Fargo, N. D (Feb. 1912)

Admitted from what County Cass Date Sept. 16-1905 Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Ina Give Full Name of Father Geo. L. Tibert Mother Mary Tibert

Nationality of Father English Mother American Are Both Living Yes.

What is Father's Business or Profession Teacher in wood-work in College at Fargo.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Agricultural College, N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Fargo On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Lawrence, Alice, Walter, George

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Whooping cough.

At What Age did Applicant Become Deaf 2 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results none

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit "

Good Health Yes

Any Contagious Disease No

Fits of Any Kind "

Any Bodily Deformity No

Nervous Trembling No

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No

Mumps No Whooping Cough Yes

Scarlet Fever No

Spotted Fever "

Measles Yes

Diphtheria Yes

What Church Shall Applicant Attend Protestant

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information G. L. Tibert, Fargo, N. D.

Give Here Name and Address of Applicant's Family Physician J. D. Hemming, Fargo, N. D.

ad 9/18/05
Graduated June 11, 1917
IN School: 12 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 165

Sex Male Color White Nationality Norwegian Name Elmer Arthur Anderson

Born May 1-1898 At Bottineau Co. Age Last Birthday Residence Now Willow City (1912).

Admitted from what County Bottineau Date Oct. 27-1905. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Arthur Give Full Name of Father Hans Anderson Mother Carrie Anderson

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Willow City, Bottineau Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Willow City On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Christopher, Andrew, Samuel, John, Hilda.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane yes, Christopher & John are deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives none Give Particulars

Was there any Blood Relation in the Parents Before Marriage none

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Catarrh

At What Age did Applicant Become Deaf 4 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results no result.

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Chores

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind no

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 3 yrs. ago.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps yes Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information D. T. Bangs, Devils Lake.

Give Here Name and Address of Applicant's Family Physician D. Thing, Willow City, N. D.

ad 9/27/05

Graduated June 11, 1917.

in school 11 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 166

Sex Male Color White Nationality German Name Philip Heupel

Born Oct. 18 1893 At South Russia Age Last Birthday Residence Now Harvey (1912-)

Admitted from what County Wells Date Nov. 3-1905 Railway Station

Clothing and Transportation Paid By Parents. Supported By

What is He Called at Home Philip Give Full Name of Father Adam Heupel Mother Karolina Heupel -

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Harvey, Wells Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Harvey. On What Railway Soo Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Karolina, Mary, Adam, Fred, Paul, Chas. Bertha -

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness measles and diphtheria

At What Age did Applicant Become Deaf 6 yr. 10 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results Got worse after treatment -

How do thhe Parents Talk with Him In German

What Useful Things Can He do About the House Chores.

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity No

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated Yes When 11yrs ago

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No | Scarlet Fever no | Measles Yes

Mumps Yes Whooping Cough no | Spotted Fever " | Diphtheria Yes.

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information J. G. Senger, Harvey, N. D.

Give Here Name and Address of Applicant's Family Physician

ad 11/3/05

Graduated June 10, 1913.

in school 8 yrs.

Admitted to Gallaudet College

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 167

Sex Female Color White Nationality German Name Helena, Bladow.

Born Apr. 13-1897 At Hankinson N.D. Age Last Birthday Residence Now Hankinson (Feb. 1912).

Admitted from what County Richland Co. Date Dec. 8-1905. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state - Attending Montana school.

What is He Called at Home Lena Give Full Name of Father Gustav Bladow Mother Etta Bladow

Nationality of Father German Mother German Are Both Living yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent in a way.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Hankinson, Richland Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Hankinson On What Railway G.N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Hedwig, Bertha, Erma.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Aunt deaf Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no.

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Light Chores.

Has Applicant Sound Mind Yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight seems good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps no Whooping Cough yes | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information D. F. Bangs; Devils Lake, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Spottswood, Hankinson, N.D.

ad. 12/8/05
Left state in 1915
in school 9½ years.

NORTH DAKOTA SCHOOL FOR THE DEAF

not Complete

#168

Application of Donner, Joseph Post Office Wishek, N. Dak. County McIntosh

Name of parents or guardian. (father) (mother)

Filed Admitted 1905 Graduated

Discharged for Moved out of State Dropped from rolls because

Remarks

1. What is the full name of the applicant?
2. When was the applicant born? Where? 3. What is he called at home?
4. Give full names of the father and the mother. 5. What is the nationality of the parents?
6. What is the profession or business of the father? 7. Is his pecuniary condition indigent, easy, or affluent?
8. Are both parents living? Are parents separated? 9. If one parent is dead, state cause of death.
10. If both parents are not living, has a second marriage taken place?
11. Does the applicant live with parents? If not, state with whom and why
12. Who will take the applicant home in vacation, or when requested to do so?
13. What is the post-office address of the parents or guardian? Town County 14. If living on a farm, describe locality with reference to nearest town
15. What is the nearest railroad station? On what road?
16. Are the parents able to clothe the applicant and pay travelling expense? 17. If not, who will do this?
18. What are the names of the applicant's brothers and sisters? Commencing with eldest.

not complete

19. Are any of them deaf? Blind? Feeble-minded? Insane? Crippled? If so, give name and cause.
20. Has the applicant or his parents any deaf, blind, feeble-minded, crippled, or insane relatives? If so, give particulars.
21. Was there any blood relation in the parents before marriage? If so, were they first, second, third, or fourth cousins?
22. What is the cause of the applicant's deafness, in the opinion of the physician, and the parents?
23. At what age did the applicant become deaf?
24. If the applicant was born deaf, what do the parents regard as the cause?
25. Has the applicant ever been to school? If so, when, where and how long?
26. What sounds, if any, can the applicant hear?
27. Can the applicant speak any words distinctly? 28. Can the applicant read words from the motion of the lips?
29. Have the applicant's ears been examined? If so, state where and by whom.
30. What was the opinion of these doctors?
31. Were the applicant's ears treated? If so, state fully.
32. Did his hearing improve after treatment?
33. How do the parents talk to the applicant?
34. What useful things can the applicant do?
35. Has he a sound mind? Has he good health?

36. Has he any bodily deformity? 37. Has he any immoral habits?

38. Has he any contagious disease? Any eruption on face or body?

39. Is he troubled with nervous trembling? If so, what caused it?

40. Is he addicted to the use of tobacco? 41. Is he subject to fits of any kind?

42. What is the condition of h eyesight? Have eyes been tested? If so, when and by whom?

Were glasses recommended? Is the applicant wearing glasses now?

43. Have the applicant's tonsils and adenoids been removed? If so, when and by whom?

44. Has the applicant been vaccinated? When?

45. Has the applicant had

A. The small-pox? D. The mumps? G. Diphtheria?

B. The scarlet fever? E. The whooping cough? H. Chicken-pox?

C. Red measles? F. German measles? I. Other diseases

46. What church do the parents wish the applicant to be affiliated with?

47. Do the parents intend to give the applicant a full course in this school?

48. Is the applicant's father a citizen of North Dakota? 49. Has he any intention of leaving the state within a year?

50. What is the name and post-office of the person who filled this blank?

51. What is the name and postoffice of the applicant's family physician?

52. Have the applicant's parents a telephone in the home? If so, give exchange it is reached through and number of telephone.

Can parents be reached by Western Union telegraph? If so, through what office?

Admitted 1/05

In school 1 year.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 169

Sex Female Color White Nationality English Name Ophelia Reid.

Born Mar. 4-1900 At Missouri Age Last Birthday Residence Now Cando (1912).

Admitted from what County Towner Co. Date Sept. 13-1906 Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls Feb. 12, 1917.

What is He Called at Home Ophelia Give Full Name of Father Paul W. Reid. Mother Ida B. Reid.

Nationality of Father English Mother English. Are Both Living Yes

What is Father's Business or Profession Day Laborer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando, Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Cando On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Joe, Fay, Sadie, Ophelia, Ruth, Jennie.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes Fay, Ruth and Jennie are deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Don't know.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Loud noise

Can He Speak any Words Distinctly Papa, mama and Joe.

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House nothing

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity Right thumb off.

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling Only when teased.

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated no When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps Yes Whooping Cough yes | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Cando.

Give Here Name and Address of Applicant's Family Physician

ad 9/13/06
dropped 1917
in school 11 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 170

Sex male Color White Nationality German Name Frederick Loran.

Born July 30-1899 At Dickinson N.D Age Last Birthday Residence Now Richardtown (1912)

Admitted from what County Stark Co. Date Sept. 13-1906. Railway Station

Clothing and Transportation Paid By Parents Supported By

Dropped from the rolls June 14, 1916.

What is He Called at Home Fred Give Full Name of Father Valentine Loran Mother Katie Loran

Nationality of Father German Mother German. Are Both Living yes.

What is Father's Business or Profession Stone Mason

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Dickinson Stark Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Dickinson On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Barbara, Emanuel, Maggie.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Brain Fever

At What Age did Applicant Become Deaf 5 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results no help

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Things all boys of his age can do.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 6 yrs. ago.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles Yes

Diphtheria no.

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information D. T. Diangs.

Give Here Name and Address of Applicant's Family Physician Dr. A. J. Davis.

ad. 9/13/06
Left June 1916
In school 8 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Grad. June, 1919.

Admission No. 171

Sex Male Color White Nationality Bohemian Name Frank Kovar.

Born 1899 At North Dakota Age Last Birthday Residence Now New Salem (1912)

Admitted from what County New Salem Date Sept. 15 - 1906 Railway Station

Clothing and Transportation Paid By Supported By

In California - a printer by trade.

What is He Called at Home Frank Give Full Name of Father Louis Kovar Mother Annie Kovar

Nationality of Father Bohemian Mother Bohemian Are Both Living no

What is Father's Business or Profession Farmer - Dead

Is Father's Pecuniary Condition Indigent, Easy or Affluent easy

Does Applicant Live With Parents If Not Why

With Whom Does He Live

Are Parents Both Living No Which is Dead Father Has a Second Marriage Taken Place No.

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County New Salem, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Mother

Name Applicants Brothers and Sisters—Oldest First Henry

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Abscess in Head.

At What Age did Applicant Become Deaf 14 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Thunder

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results None

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Nothing

Has Applicant Sound Mind yes Good Health Yes Any Bodily Deformity Slight paralysis of the face

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated yes When 4 yrs. ago

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no Scarlet Fever no Measles no

Mumps no Whooping Cough yes Spotted Fever " Diphtheria "

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information J. W. Slavick, New Salem.

Give Here Name and Address of Applicant's Family Physician W. Rodenstab, New Salem.

ad 9/15/06
grad june 1919
in school 13 years.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 172

Sex Female Color White Nationality German Name Elizabeth Lyddia Plecity

Born July 2-1900 At Oriska, Barnes Co. Age Last Birthday Residence Now Tower City (1912)

Admitted from what County Barnes Date Sept. 17-1906. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Lizzie Give Full Name of Father Gottlieb Plecity Mother Rosa Wagner Plecity

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Comfortable.

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Oriska, Barnes Co. N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Emma

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Strong medicine

At What Age did Applicant Become Deaf 1 mo If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly none

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results no help

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House Too small

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps No Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information D. F. Bangs.

Give Here Name and Address of Applicant's Family Physician Dr. Spear, Nome, N. D.

ad 9/17/06

Graduated June 10, 1918.

in school 12 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 173

Sex Female Color White Nationality Norwegian Name Clara Jorgine. Gilbertson

Born Oct. 25-1894 At Waukon, Minn Age Last Birthday Residence Now Milton (1912)

Admitted from what County ~~Milton~~ GRANDFORKS Co Date Sept. 1906. Railway Station

Clothing and Transportation Paid By Supported By

Dropped out.

What is He Called at Home Clara Give Full Name of Father Carl Gilbertson Mother Anna Gilbertson.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Foreman

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County 1603 N. 5th. St. Gr. Forks N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Grand Forks. On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Cannot state at this time.

Name Applicants Brothers and Sisters—Oldest First Gilbert, Albert, Mable, Georgine, Herbert.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane None

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives none Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Don't know

At What Age did Applicant Become Deaf 3 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Can hear all sounds a few

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him motions & signs

What Useful Things Can He do About the House Sweeping, dishes & simple things

Has Applicant Sound Mind Seems so Good Health Good Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Running sores almost well

Has Applicant Had Small Pox No Scarlet Fever Yes Measles Yes

Mumps No Whooping Cough Yes Spotted Fever No Diphtheria No.

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf If possible

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year No.

Give Name and Post Office Address of Person Furnishing this Information J. E. Kulstad, Gr. Forks, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Westeen, Gr. Forks.

ad 9/17/06
dropped june 1914
In school 7 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

#174

Application of Wolff, Fred — Post Office Forbs — County Dickey

Name of parents or guardian. John Wolff — (father) John Wolff — (mother) Catherine Kemp Wolff

Filed Feb. 12, 1906 — Admitted Sept 17, 1906 — Graduated

Discharged for — Moved out of State — Dropped from rolls ~~because~~ Oct. 3, 1906

Remarks Feeble Minded.

1. What is the full name of the applicant? Fredrick Wolff
2. When was the applicant born? Dec. 14, 1898 Where? Jewell McIntosh Co.
3. What is he called at home? Fred
4. Give full names of the father and the mother. John Wolff, Catherine Kemp Wolff
5. What is the nationality of the parents? Russia (German decent
6. What is the profession or business of the father? Farmer
7. Is his pecuniary condition indigent, easy, or affluent? Easy
8. Are both parents living? No Are parents separated? 9. If one parent is dead, state cause of death.
10. If both parents are not living, has a second marriage taken place? No.
11. Does the applicant live with parents? Yes If not, state with whom and why
12. Who will take the applicant home in vacation, or when requested to do so? Father
13. What is the post-office address of the parents or guardian? Forbs, Dickey County Sec. 29 Twp 129 66 14. If living on a farm, describe locality with reference to nearest town
Town County
15. What is the nearest railroad station? Forbs On what road? Great Northern
16. Are the parents able to clothe the applicant and pay travelling expense? Yes 17. If not, who will do this?
18. What are the names of the applicant's brothers and sisters? Commencing with eldest. John, Mathew, Jacob, George, Christian, Fred Gottlieb Lydia, Martha, Odilia.
19. Are any of them deaf? No Blind? No Feeble-minded? No Insane? No Crippled? No If so, give name and cause. —
20. Has the applicant or his parents any deaf, blind, feeble-minded, crippled, or insane relatives? No If so, give particulars.
21. Was there any blood relation in the parents before marriage? No If so, were they first, second, third, or fourth cousins?
22. What is the cause of the applicant's deafness, in the opinion of the physician, and the parents? Scarlet Fever
23. At what age did the applicant become deaf? 1 yr 7 or 8 months
24. If the applicant was born deaf, what do the parents regard as the cause? —
25. Has the applicant ever been to school? If so, when, where and how long? No
26. What sounds, if any, can the applicant hear? None
27. Can the applicant speak any words distinctly? No 28. Can the applicant read words from the motion of the lips? No
29. Have the applicant's ears been examined? If so, state where and by whom. No
30. What was the opinion of these doctors? —
31. Were the applicant's ears treated? No If so, state fully. —
32. Did his hearing improve after treatment? —
33. How do the parents talk to the applicant? Motions
34. What useful things can the applicant do? Nothing
35. Has he a sound mind? yes Has he good health? yes

36. Has he any bodily deformity? No 37. Has he any immoral habits? No

38. Has he any contagious disease? No Any eruption on face or body?

39. Is he troubled with nervous trembling? No If so, what caused it?

40. Is he addicted to the use of tobacco? No 41. Is he subject to fits of any kind? No

42. What is the condition of h eyesight? good Have eyes been tested? If so, when and by whom?

Were glasses recommended? Is the applicant wearing glasses now?

43. Have the applicant's tonsils and adenoids been removed? If so, when and by whom?

44. Has the applicant been vaccinated? When?

45. Has the applicant had

A. The small-pox? no D. The mumps? No G. Diphtheria? No

B. The scarlet fever? Yes E. The whooping cough? No H. Chicken-pox? No

C. Red measles? No F. German measles? No I. Other diseases No

46. What church do the parents wish the applicant to be affiliated with? Lutheran

47. Do the parents intend to give the applicant a full course in this school? Yes

48. Is the applicant's father a citizen of North Dakota? Yes 49. Has he any intention of leaving the state within a year? No

50. What is the name and post-office of the person who filed this blank? Joseph L. Watt, Caldwater, N. Dak

51. What is the name and postoffice of the applicant's family physician? No regular physician

52. Have the applicant's parents a telephone in the home? If so, give exchange it is reached through and number of telephone.

Can parents be reached by Western Union telegraph? If so, through what office?

Admitted: Sept 17, 1906
Dropped Oct 3, 1906
In school: 1 Month F.M.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 175

Sex Male Color White Nationality American Name Paul Thomas Baker

Born Dec. 29-1895 At Hope, N.D. Age Last Birthday 16 Residence Now Hope, N.D.

Admitted from what County Steele Co. Date Sept. 1906. Railway Station

Clothing and Transportation Paid By Parents Supported By

What is He Called at Home Paul Give Full Name of Father Harvey Hale Baker Mother Amanda L. Baker

Nationality of Father American Mother American Are Both Living Yes

What is Father's Business or Profession Railroad butcher

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Hope, Steele Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway Great Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested applicant

Name Applicants Brothers and Sisters—Oldest First Helen, Zoe, Willow, Ruth, Edith, Eva, Philip, Lela

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Catarrh

At What Age did Applicant Become Deaf 2 1/2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Hope, N.D. When How Long 2 yrs.

What Sounds Can the Applicant Hear, If any any loud noise

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Examined but not treated -

If so, With What Results

How do thhe Parents Talk with Him By voice

What Useful Things Can He do About the House Everything an ordinary boy of his age can do and more. Very handy with tools -

Has Applicant Sound Mind yes — Good Health yes — Any Bodily Deformity no

Any Immoral Habits no — Any Contagious Disease no — Nervous Trembling no

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated yes When 6 yrs. ago -

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no — Scarlet Fever yes — Measles no

Mumps yes Whooping Cough yes — Spotted Fever no — Diphtheria "

What Church Shall Applicant Attend Immaterial

Will Parents Give Him a Full Course in the School for Deaf As long as he remains in the State -

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year yes

Give Name and Post Office Address of Person Furnishing this Information Mrs. H. H. Baker, Hope, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. C. B. Harwood, Hope, N. D.

Admitted: 9/06
Dropped: Spring 1912
In School: 6 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 176

Sex male Color white Nationality American Name Irvin Leroy Davis.

Born Dec. 7-1887 At Age Last Birthday Residence Now Clyde, N. D (1912)

Admitted from what County Cavalier Co Date Oct. 8, 1906. Railway Station

Clothing and Transportation Paid By Supported By

Left school Spring of 1909.

What is He Called at Home Irvie Give Full Name of Father Lewis Davis Mother Ida Davis

Nationality of Father American Mother American Are Both Living Yes.

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent Fair Circumstances.

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Munich, Cavalier Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Clyde. On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Eddie.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives A niece is deaf. Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness From a cold.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Council Bluffs When How Long 3 terms.

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips — yes

Have his Ears Been Especially Examined or Treated by and Aurist — yes

If so, With What Results — none

How do thhe Parents Talk with Him — words & signs

What Useful Things Can He do About the House — Handy with everything.

Has Applicant Sound Mind — yes

Any Immoral Habits — no

Tobacco Habit — yes

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — no

Mumps — yes

Whooping Cough — yes

Scarlet Fever — no

Spotted Fever

Measles — yes

Diphtheria — no

What Church Shall Applicant Attend — Presbyterian

Will Parents Give Him a Full Course in the School for Deaf — Cannot say.

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — I think not.

Give Name and Post Office Address of Person Furnishing this Information — L. F. Davis, Munich, N D.

Give Here Name and Address of Applicant's Family Physician

ad 10/8/06
Left spring 1909
In school 3 years.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 177

Sex Male Color White Nationality American Name Richard Stanley Tomlinson

Born Mar. 24, 1894 At Chicago, Ill. Age Last Birthday Residence Now Unknown.

Admitted from what County Bottineau Date Nov. 6, 1906. Railway Station

Clothing and Transportation Paid By Supported By

Moved to Wisconsin 1907.

What is He Called at Home Stanley Give Full Name of Father Robert Burns T. Mother Alice Tomlinson.

Nationality of Father American Mother American Are Both Living Yes.

What is Father's Business or Profession Lumberman.

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Russell, Bottineau Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Russell On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Una May, Robert Burns.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Congenital

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Delavan, Wis. When How Long Four years.

What Sounds Can the Applicant Hear, If any Nothing

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results No results

How do thhe Parents Talk with Him Signs and speech.

What Useful Things Can He do About the House Same as other boys of his age.

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit "

Good Health Yes

Any Contagious Disease No

Fits of Any Kind "

Any Bodily Deformity No

Nervous Trembling No

Been Vaccinated Yes When Four yrs. ago.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No.

Mumps Yes Whooping Cough Yes

Scarlet Fever Yes.

Spotted Fever No

Measles Yes

Diphtheria No

What Church Shall Applicant Attend Methodist.

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year ~~Yes~~ No

Give Name and Post Office Address of Person Furnishing this Information D. J. Bangs.

Give Here Name and Address of Applicant's Family Physician

Admitted: Nov. 6, 1906; Left State June, 1907: In School: 1 yr.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 178

Sex Female Color White Nationality Norwegian. Name Annie Christina Lund.

Born _____ At Age Last Birthday Residence Now Honeyford, N. D. (1912)

Admitted from what County Date Dec 13-1906. Railway Station

Clothing and Transportation Paid By Supported By

Died at the school Oct. 30, 1916.

What is He Called at Home Annie Give Full Name of Father Olof S. Lund Mother Nellie Lund.

Nationality of Father Norwegian Mother Scotch Are Both Living Yes

What is Father's Business or Profession store keeper and grain buyer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Honeyford, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father or mother

Name Applicants Brothers and Sisters—Oldest First George, Thomas, Sig, Jessie, Charley, May.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 3 if she ever heard If Born Deaf What do Parents Consider Cause Don't know.

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Seems to hear loud sounds.

Can He Speak any Words Distinctly Papa and mama.

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results No result.

How do thhe Parents Talk with Him Signs.

What Useful Things Can He do About the House Anything for a child of her age.

Has Applicant Sound Mind yes.

Any Immoral Habits no

Tobacco Habit "

Good Health At present Any Bodily Deformity no

Any Contagious Disease no Nervous Trembling no

Fits of Any Kind not lately Been Vaccinated yes When 5 yrs. ago.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever no Measles yes

Mumps no Whooping Cough no Spotted Fever " Diphtheria no.

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf If she cannot be taught to speak.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Honeyford, N. D.

Give Here Name and Address of Applicant's Family Physician Mc Lean, Gilly N. D.

ad. 12/13/06

Died Oct. 30-1916 at school

In school 10 yr. 2 mo.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 179

Sex male Color White Nationality American Name John Henry De Lance

Born Dec. 11, 1898 At Crookston, Minn. Age Last Birthday Residence Now Ross N. D. (Feb. 1912)

Admitted from what County Ward Co. Date Jan. 3, 1907. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home John Give Full Name of Father Arthur J. DeL. Mother Ida S. De Lance.

Nationality of Father American Mother American Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Ross, Ward Co. N. D.

If they Live on a Farm give Description S. W. 1/4 sec. 24. On Rural Telephone

Name of Nearest Railroad Station Ross N. D. On What Railway G. N. Ry.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Jessie, Florence, Marian, Eugene, Harold, Ruth, Leslie.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Spinal Meningitis

At What Age did Applicant Become Deaf 7 1/2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Ross, N. D. When How Long 3 yrs.

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Slightly

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results No result

How do thhe Parents Talk with Him Signs and words.

What Useful Things Can He do About the House Any work within his years.

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit " Fits of Any Kind " Been Vaccinated No When

What is the Condition of Eye Sight Slightly near sighted.

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps Yes Whooping Cough No Spotted Fever " Diphtheria "

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No.

Give Name and Post Office Address of Person Furnishing this Information Mrs. A. J. De Lance, Ross N. D.

Give Here Name and Address of Applicant's Family Physician Dr. C. D. Richmond, Ross, N. D.

ad. 1/3/07

Graduated June 30, 1915. In school 8½ yrs.

Admitted to Gallaudet College fall 1915. Left college same term.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 180

Sex Female Color White Nationality English Name Lucile Maxine Patten

Born Sept. 13, 1900 At Lavimore, N.D. Age Last Birthday Residence Now Lavimore (Feb. 1912)

Admitted from what County Grand Forks Date Oct. 7, 1907. Railway Station

Clothing and Transportation Paid By Parents. Supported By

Dropped out - reported to be in Minnesota.

What is He Called at Home Lucile Give Full Name of Father Lindly H. P. Mother Hannah H. Patten

Nationality of Father English Mother English Are Both Living

What is Father's Business or Profession at present in Groc. & meat Business.

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Lavimore, Gr. F. Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Willard, Hazel, Lindley, Blanche.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness adenoid tonsils

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Loud sounds

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Operated on for adenoids June 15, 1907.

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House Helps herself and waits on others.

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity No

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated Yes — When Feb 8, 1902.

What is the Condition of Eye Sight

Has Applicant Had Small Pox No — Scarlet Fever No — Measles No

Mumps No — Whooping Cough Yes — Spotted Fever " — Diphtheria "

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf I do not know yet.

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information mrs. L. H. Patten, Larimore N. D.

Give Here Name and Address of Applicant's Family Physician A. P. Rounsvell, Larimore N. D.

ad. 10/7/07 -
dropped 1921
In school 13 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 181

Sex Male Color White Nationality French Name Joseph St. Lawrence.

Born Oct. 11, 1895 At _____ Age Last Birthday Residence Now Grand Forks (1912)

Admitted from what County Gr. Forks. Date Oct. 7, 1907 Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Joe Give Full Name of Father Paul St. Laurence Mother Elizabeth St. Laurence

Nationality of Father French Mother Are Both Living yes

What is Father's Business or Profession Carriage maker

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Grand Forks N. D

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Grand Forks On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Lillian, Pearl.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Abcess

At What Age did Applicant Become Deaf 2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Took private lessons When How Long

What Sounds Can the Applicant Hear, If any Any loud sound.

Can He Speak any Words Distinctly Yes a few.

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him words and signs.

What Useful Things Can He do About the House Take in wood and other little things.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox yes

Mumps yes Whooping Cough yes

Scarlet Fever no

Spotted Fever no

Measles yes

Diphtheria yes.

What Church Shall Applicant Attend Catholic.

Will Parents Give Him a Full Course in the School for Deaf Don't know

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Park St. Lawrence 203 Cottonwood St. G. Forks

Give Here Name and Address of Applicant's Family Physician

ad. 10/7/07 - In school 11 years.
Graduated June 11, 1917.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Grad. June, 1919.

Admission No. 182

Sex Female Color White Nationality Norwegian Name Amanda Clemora Halvorson

Born Oct. 8-1900 At ~~Iron Prior~~ Township, N.D. Age Last Birthday Residence Now Alden N.D (1912).

Admitted from what County Hettinger Date Oct. 8-1907 Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Clemora Give Full Name of Father Gilbert G. H. Mother Tilda Halvorson.

Nationality of Father Norwegian Mother Norwegian Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Northwood, N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Northwood On What Railway G.N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Herbert, Norris

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Dr. thinks born deaf.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Very loud

Can He Speak any Words Distinctly ~~yes~~ no.

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results no help

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Too young

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Carl C. Christianson, Northwood.

Give Here Name and Address of Applicant's Family Physician Dr. Peterson, Northwood.

ad. 10/8/07 - Grad in 1919 - In school 13 years.
Returned for a year's post-graduate work and was admitted to Galludet College.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 183

Sex Male Color White Nationality American Name George Glen Clark.

Born June 14, 1896 At Mt. Ayr, Iowa Age Last Birthday Residence Now Courtenay (Feb. 1912)

Admitted from what County Stutsman Co. Date Oct. 8, 1907. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Glen Give Full Name of Father Joseph Clark Mother Mary Clark

Nationality of Father American Mother American Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Courtenay, Stutsman Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Courtenay On What Railway Soo Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Geneva, Elizabeth, Percisa, Lemont, Edna, Ruth

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Adenoids.

At What Age did Applicant Become Deaf 3m. Child If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Home School When How Long 4 yrs.

What Sounds Can the Applicant Hear, If any All sounds if loud some

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results Deaf in right ear.

How do thhe Parents Talk with Him Loud

What Useful Things Can He do About the House Any work for child of his age.

Has Applicant Sound Mind yes — Good Health Excellent — Any Bodily Deformity no

Any Immoral Habits no — Any Contagious Disease no — Nervous Trembling no

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated no — When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no — Scarlet Fever no — Measles yes

Mumps Yes — Whooping Cough Yes — Spotted Fever " — Diphtheria no.

What Church Shall Applicant Attend Protestant.

Will Parents Give Him a Full Course in the School for Deaf Yes, as far as known.

Is His Father a Citizen of North Dakota Yes.

Has the Father any Intention of Leaving the State Within a Year not that we know of.

Give Name and Post Office Address of Person Furnishing this Information Courtenay, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Caldwell, Wimbledon, N. D.

ad. 10/8/07 - In school 10 yr.
Graduated June 11, 1917,
ad. to college

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 184

Sex male Color white Nationality Ger. Russian Name Julius Hoffman.

Born Nov. 3, 1901 At —— Age Last Birthday Residence Now Ashley

Admitted from what County Date Oct. 8-1907. Railway Station

Clothing and Transportation Paid By Supported By

Dropped out.

What is He Called at Home Julius Give Full Name of Father Johann Hoffman Mother Christina Hoffman

Nationality of Father Ger. Russian Mother German Are Both Living no

What is Father's Business or Profession Laborer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living no Which is Dead mother Has a Second Marriage Taken Place yes

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Ashley N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Ashley On What Railway Soo

Are the Parents to Clothe Applicant and Pay Traveling Expenses no

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Edward, Oscar.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives a 2nd. cousin foolish. Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause or else 8 mo.

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any whistling

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips Can from step-mother

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him molyons

What Useful Things Can He do About the House willing & anxious to do anything

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " | When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps no | Whooping Cough no | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf If possible

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information H. A. Brunner, Ashley, N. D.

Give Here Name and Address of Applicant's Family Physician

ad. 10/8/07
dropped 1918
In school 11 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Grad. June, 1919.

Admission No. 185

Sex Female Color White Nationality German Name Bertha Johanna Ackerman

Born Aug. 19, 1899 At _____ Age Last Birthday Residence Now Reynolds (Feb. 1912)

Admitted from what County Grand Forks Date Oct. 8, 1907. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Bertha Give Full Name of Father Louis Ackerman Mother Katie Ackerman

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Reynolds, Gr. F. Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Reynolds On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Bertha, Philip, Bennet, Theodore, Adolph, annie.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Bennet was paralyzed when 2 yrs. old.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins 1st. cousins.

What Does the Doctor and Parents Give as Cause of the Deafness A Fall

At What Age did Applicant Become Deaf 1 1/2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Loud

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results No result.

How do thhe Parents Talk with Him Showing and motions.

What Useful Things Can He do About the House most anything.

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit "

Good Health Yes

Any Contagious Disease No

Fits of Any Kind "

Any Bodily Deformity No

Nervous Trembling No

Been Vaccinated " When

What is the Condition of Eye Sight all right.

Has Applicant Had Small Pox No

Mumps Yes Whooping Cough Yes

Scarlet Fever No

Spotted Fever "

Measles Yes

Diphtheria No.

What Church Shall Applicant Attend Catholic.

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No.

Give Name and Post Office Address of Person Furnishing this Information Louis Ackerman, Reynolds, N.D.

Give Here Name and Address of Applicant's Family Physician James Holiday, Reynolds, N.D.

ad 10/8/07 - grad 1919 - In school 13 yrs.
Returned for one years post-graduate work and was admitted to Gallaudet College.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

#188

Admission No. 186

Sex male Color White Nationality American Name Lawrence Eugene Wood.

Born Mar. 22-1895 At Jackson Mich Age Last Birthday Residence Now unknown

Admitted from what County Burleigh Co. Date Oct. 8, 1907. Railway Station

Clothing and Transportation Paid By Supported By

Left school June 1908.

What is He Called at Home Eugene Give Full Name of Father Elvis Wood Mother Rhoda a. Wood.

Nationality of Father American Mother American Are Both Living no.

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents If Not Why

With Whom Does He Live mother

Are Parents Both Living no Which is Dead Father Has a Second Marriage Taken Place no.

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Menoken, Burleigh Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Burleigh On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Earn own.

Who Will Take Applicant Home in Vacation—or When Requested Come alone.

Name Applicants Brothers and Sisters—Oldest First Park, Anjuwana, Frances, Mary, John.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever

At What Age did Applicant Become Deaf 7 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Bism. & Menoken When How Long 2 1/2 yrs. in B. 1 1/2 yrs in M.

What Sounds Can the Applicant Hear, If any all sounds

Can He Speak any Words Distinctly Every word.

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist — Had tonsils removed.

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House — most everything

Has Applicant Sound Mind — yes

Any Immoral Habits — swearing

Tobacco Habit — no

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated . When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — no

Mumps — yes

Whooping Cough — yes

Scarlet Fever — yes

Spotted Fever — no

Measles — yes

Diphtheria — no

What Church Shall Applicant Attend — M. E.

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — mother is

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — mrs. Rhoda A. Wood, Menoken, N. D.

Give Here Name and Address of Applicant's Family Physician — Dr. Ramstad, Bismarck, N. D.

Admitted: Oct. 8, 1907; Left: June, 1907; In School: 1 yr.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 187

Sex Female Color White Nationality Norwegian Name Gerda Dorthea Huset

Born June 1-1896 At Richland Co. Age Last Birthday Residence Now Mc Leod (1912).

Admitted from what County Richland Co. Date Oct. 9, 1907. Railway Station

Clothing and Transportation Paid By Supported By

Dropped out.

What is He Called at Home Gerda Give Full Name of Father Nils P. Huset. Mother Margrita Huset

Nationality of Father Norwegian Mother Norwegian. Are Both Living yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Mc Leod, N. D.

If they Live on a Farm give Description Sec. 32-134-52. On Rural Telephone

Name of Nearest Railroad Station Mc Leod (Sandown). On What Railway M. St. P. & S. S. M. Ry Son

Are the Parents to Clothe Applicant and Pay Traveling Expenses Clothe only.

Who Will Take Applicant Home in Vacation—or When Requested Randa, 19 yrs. old.

Name Applicants Brothers and Sisters—Oldest First Jens, Peter, Randa, Harvey, Hilda, Inga, Oscar, Nelus Carl.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness a fall

At What Age did Applicant Become Deaf 2 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where pub. school When How Long visiting.

What Sounds Can the Applicant Hear, If any Very loud

Can He Speak any Words Distinctly names of family

Can He Read Words from the Motion of the Lips — Familiar words.

Have his Ears Been Especially Examined or Treated by and Aurist — not by Specialist

If so, With What Results — none.

How do thhe Parents Talk with Him — Loud.

What Useful Things Can He do About the House — Very good at housework.

Has Applicant Sound Mind — yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — , When

What is the Condition of Eye Sight — Very good

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — no

Scarlet Fever — yes

Spotted Fever — no.

Measles — yes

Diphtheria — no

What Church Shall Applicant Attend — U. Nor. Lutheran

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no.

Give Name and Post Office Address of Person Furnishing this Information — R. P. Black, Co. Supt. Wahpeton.

Give Here Name and Address of Applicant's Family Physician — Dr. Sherping, Wyndemere.

ad. 10/3/07
dropped spring 1915
In school 8 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

#188

Application of Enzminger, Edward — Post Office Streeter — County Stutsman

Name of parents or guardian. Gottlieb Enzminger — (father) Gottlieb Enzminger — (mother) Katharina Enzminger

Filed Aug. 26, 1907 — Admitted Oct. 16, 1907 — Graduated

Discharged for — Moved out of State — Dropped from rolls ~~because~~ Jan. 1908

Remarks Feeble Minded

1. What is the full name of the applicant? Edward Enzminger
2. When was the applicant born? March 11, 1900 Where? Kidder County, N. Dak.
3. What is he called at home? Edward
4. Give full names of the father and the mother. Gottlieb & Katharina Enzminger
5. What is the nationality of the parents? German born in Russia
6. What is the profession or business of the father? Farmer
7. Is his pecuniary condition indigent, easy, or affluent? Indigent
8. Are both parents living? No Are parents separated?
9. If one parent is dead, state cause of death.
10. If both parents are not living, has a second marriage taken place? ~~Not~~ Yes
11. Does the applicant live with parents? Yes If not, state with whom and why
12. Who will take the applicant home in vacation, or when requested to do so? Father
13. What is the post-office address of the parents or guardian? Streeter (Town) Stutsman (County)
14. If living on a farm, describe locality with reference to nearest town
15. What is the nearest railroad station? Streeter On what road? N. P.
16. Are the parents able to clothe the applicant and pay travelling expense? Yes
17. If not, who will do this?
18. What are the names of the applicant's brothers and sisters? Commencing with eldest. Gottlieb, Katharina, Elizabeth, Matilda Fred.

19. Are any of them deaf? No Blind? No Feeble-minded? No Insane? No Crippled? No If so, give name and cause. —
20. Has the applicant or his parents any deaf, blind, feeble-minded, cri ppled, or insane relatives? No If so, give particulars.

21. Was there any blood relation in the parents before marriage? None If so, were they first, second, third, or fourth cousins?
22. What is the cause of the applicant's deafness, in the opinion of the physician, and the parents? Unknown
23. At what age did the applicant become deaf? 1 yr. when first noticed.
24. If the applicant was born deaf, what do the parents regard as the cause? No cause
25. Has the applicant ever been to school? If so, when, where and how long? No
26. What sounds, if any, can the applicant hear? None
27. Can the applicant speak any words distinctly? No 28. Can the applicant read words from the motion of the lips? No
29. Have the applicant's ears been examined? If so, state where and by whom. No
30. What was the opinion of these doctors? —
31. Were the applicant's ears treated? No If so, state fully.
32. Did his hearing improve after treatment? —
33. How do the parents talk to the applicant? Motions
34. What useful things can the applicant do? nothing but play
35. Has he a sound mind? Yes Has he good health? Yes

36. Has he any bodily deformity? No

37. Has he any immoral habits? No

38. Has he any contagious disease? No Any eruption on face or body? —

39. Is he troubled with nervous trembling? No If so, what caused it?

40. Is he addicted to the use of tobacco? No

41. Is he subject to fits of any kind? No

42. What is the condition of h eyesight? good Have eyes been tested? — If so, when and by whom?

Were glasses recommended? Is the applicant wearing glasses now?

43. Have the applicant's tonsils and adenoids been removed? If so, when and by whom?

44. Has the applicant been vaccinated? When?

45. Has the applicant had

A. The small-pox? No

D. The mumps? No

G. Diphtheria? No

B. The scarlet fever? No

E. The whooping cough? No

H. Chicken-pox? —

C. Red measles? think he has

F. German measles? —

I. Other diseases —

46. What church do the parents wish the applicant to be affiliated with? Protestant

47. Do the parents intend to give the applicant a full course in this school? Yes

48. Is the applicant's father a citizen of North Dakota? Yes

49. Has he any intention of leaving the state within a year? No

50. What is the name and post-office of the person who filled this blank? Rev. H. G. Michaelis

51. What is the name and postoffice of the applicant's family physician? None

52. Have the applicant's parents a telephone in the home? If so, give exchange it is reached through and number of telephone.

Can parents be reached by Western Union telegraph? If so, through what office?

admitted 10/16/07 - discharged June 1908

1 yrs in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 189

Sex male Color white Nationality Norwegian Name Gustav Gustav Emil Anderson.

Born Dec. 1-1900 At ——— Age Last Birthday Residence Now Adams (Feb. 1912)

Admitted from what County Walsh Date Oct. 28, 1907. Railway Station

Clothing and Transportation Paid By Supported By

Left school June 14, 1916.

What is He Called at Home Emil Give Full Name of Father Emil August Mother Josephine Anderson.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Adams, Walsh Co. N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Adams On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Olga, Gustave, Olaf, Emil, Oscar.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes

Or Partially So Give Name and Cause in Each Case Olga and Gustave are deaf.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Do not know.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Loud noises.

Can He Speak any Words Distinctly papa and mama.

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results no results.

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House nothing.

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated yes When 6 yrs. ago.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox yes | Scarlet Fever no | Measles no

Mumps no | Whooping Cough no | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information A. C. Thompson, Adams, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. F. P. Gronvald, Adams, N. D.

ad. 10/28/07
Left June 14-1916
In school 9 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 190

Sex Male Color White Nationality French Name Harvey Hinton Le Baugh

Born Sept. 4, 1894 At Champaign Ill. Age Last Birthday Residence Now Unknown

Admitted from what County Towner Date Nov. 25-1907. Railway Station

Clothing and Transportation Paid By Supported By

Left school Jan. 1908.

What is He Called at Home Harvey Give Full Name of Father Max Le Baugh Mother Laura Aurora Le Baugh

Nationality of Father French Mother American Are Both Living Yes

What is Father's Business or Profession Stone mason

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Avis, Melvin, Velma.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever

At What Age did Applicant Become Deaf 5 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Iowa When How Long 2 years.

What Sounds Can the Applicant Hear, If any most anything at a short distance.

Can He Speak any Words Distinctly Sure

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him Just as to anyone.

What Useful Things Can He do About the House Everything.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health Headaches Any Bodily Deformity no

Any Contagious Disease no

Fits of Any Kind "

Nervous Trembling no

Been Vaccinated yes When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox yes

Mumps yes Whooping Cough yes

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no.

What Church Shall Applicant Attend No matter

Will Parents Give Him a Full Course in the School for Deaf See how he gets along.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Max Le Baugh Cando, N.D.

Give Here Name and Address of Applicant's Family Physician Drs. Hamm & Lamont.

Admitted: Nov. 25, 1907; Left: Jan 1908; In School: 3 months

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 191

Sex male Color white Nationality German Name Charles Dix

Born At Sauk Center, Minn. Age Last Birthday Residence Now Cando (Feb. 1912)

Admitted from what County Towner Date Jan 21-1908. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls June 1914

What is He Called at Home Charley Give Full Name of Father John Dix Mother Katie Dix

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando, Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Cando On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Gertrude, John, Anna, Wm. Pearl, Charley, Maggie

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes Pearl and Lenora are deaf.
Or Partially So

Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Birthmark

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause Don't know.

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Charley.

Can He Speak any Words Distinctly Brothers and sisters names.

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House Chores

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit "

Good Health Yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated no When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps Yes Whooping Cough Yes

Scarlet Fever no

Spotted Fever "

Measles Yes

Diphtheria no

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information M. F. Falahy, Cando, N. D.

Give Here Name and Address of Applicant's Family Physician

ad. 1/21/08
dropped june 1914
In school 5½ yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 192

Sex Female Color white Nationality German Name Lenora Dix

Born _____ At _____ Age Last Birthday Residence Now Cando (Feb. 1912).

Admitted from what County Towner Date Jan 21-1908. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls June 1914.

What is He Called at Home Lenora Give Full Name of Father John Dix Mother Kate Dix

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando, Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Cando On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Gertrude, John, Annie, William, Pearl, Charles, maggie

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, Charles and Pearl are deaf.

Or Partially So

Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Birthmark

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause Don't know.

Has Applicant Attended School no. Where When How Long

What Sounds Can the Applicant Hear, If any Think she can hear some.

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health Yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated Yes When 1907.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough Yes

Scarlet Fever no

Spotted Fever "

Measles Yes

Diphtheria no.

What Church Shall Applicant Attend Catholic.

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information D F. Bangs.

Give Here Name and Address of Applicant's Family Physician

ad. 1/21/08
dropped june 1914
In school 5½ yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 193

Sex Female Color White Nationality German Name Pearl Dix

Born At Sauk Center Minn Age Last Birthday Residence Now Cando (Feb. 1912)

Admitted from what County Towner Date Jan. 1908 Railway Station

Clothing and Transportation Paid By Supported By

Dropped out.

What is He Called at Home Pearl Give Full Name of Father John Dix Mother Katie Dix

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando, Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Cando On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Gertrude, John, William, Pearl, Charles, Maggie, Lenora.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, Charles and Lenora are deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Birthmark

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause Don't know.

Has Applicant Attended School Yes Where Sauk Center, M. When How Long 2 mos.

What Sounds Can the Applicant Hear, If any Brothers and sisters names.

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Housework

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling yes

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated yes When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles yes

Mumps no | Whooping Cough yes | Spotted Fever " | Diphtheria no

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota for two years.

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information M. F. Talahy, Cando, N. D.

Give Here Name and Address of Applicant's Family Physician

ad. 1/2/08
dropped 1911
In school 3½ yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 194

Sex male Color white Nationality American Name Mahlon Everette Hoag

Born Apr. 8, 1895 At Mehoopany, Pa Age Last Birthday Residence Now Fairbault (1912).

Admitted from what County Gr. Forks Date Sept. 10 - 1908. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state 1909.

What is He Called at Home Mahlon Give Full Name of Father Eugene L. Hoag Mother Anna E. Hoag (mrs. anna albert)

Nationality of Father American Mother American Are Both Living Do not know if father is.

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents If Not Why with mother when she is able to keep him. Health

With Whom Does He Live very poor & when unable he stays at state school.

Are Parents Both Living Do not know Which is Dead Divorced Has a Second Marriage Taken Place Yes.

If Parents are Dead or Do Not Support the Child, Who is Guardian mother got custody of boy.

Post Office Address of Parent or Guardian and County Gr. Forks, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses not much of time.

Who Will Take Applicant Home in Vacation—or When Requested mother if able

Name Applicants Brothers and Sisters—Oldest First Ralph

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever

At What Age did Applicant Become Deaf 18 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Fairbault When How Long Part 5 years.

What Sounds Can the Applicant Hear, If any whistles, bells, loud sounds.

Can He Speak any Words Distinctly - No. Will copy voice & expression but cannot get words.

Can He Read Words from the Motion of the Lips To some ettent

Have his Ears Been Especially Examined or Treated by and Aurist Yes in minnesota

If so, With What Results No hope. One suggested operation on throat.

How do thhe Parents Talk with Him Orally & by signs

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health Fair (Stom. trouble) Any Bodily Deformity no

Any Contagious Disease no

Fits of Any Kind "

Nervous Trembling no

Been Vaccinated yes. When

What is the Condition of Eye Sight Seemed to twitch about 8 yrs. ago but all right now.

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no

What Church Shall Applicant Attend Protestant

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information mrs. anna albert, G. Forks.

Give Here Name and Address of Applicant's Family Physician Dr. F. K. Woodard. Minneapolis

Admitted: Sept. 10, 1908; Left State: May 1909; In School: 1 yr.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Grad. June, 1919.

Admission No. 195

Sex Female Color White Nationality French Name Victorine Bourassa

Born May 1-1900 At Rolette Co. N.D. Age Last Birthday Residence Now St. John (Feb. 1912)

Admitted from what County Rolette Date Sept. 14, 1908. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Victorine Give Full Name of Father Geo. H. Bourassa Mother Eugene Bourassa.

Nationality of Father French Mother French Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County St. John.

If they Live on a Farm give Description S. W. 33-164-69. On Rural Telephone

Name of Nearest Railroad Station St. John On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Eugene 2, Hector 5, Marie 3 Belle.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins 1st. cousins

What Does the Doctor and Parents Give as Cause of the Deafness A visit to deaf grandma who was badly abused, before birth of applicant.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where public school When How Long 1 year.

What Sounds Can the Applicant Hear, If any Thunder and threshing rig.

Can He Speak any Words Distinctly papa and mama.

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results No result.

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House many things

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health Very good Any Bodily Deformity no

Any Contagious Disease no Nervous Trembling no

Fits of Any Kind " Been Vaccinated no When

What is the Condition of Eye Sight Excellent.

Has Applicant Had Small Pox no Scarlet Fever no Measles no

Mumps no Whooping Cough no Spotted Fever " Diphtheria "

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Can't tell now.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information E. M Sherry Co. Supt. Rolla N. D.

Give Here Name and Address of Applicant's Family Physician Dr. D. B. Verrett.

ad 9/[illegible]08 - grad June 1919 - In school 11 yrs.

Postulant in convent in Montreal, Quebec, Canada.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 196

Sex Female Color White Nationality Norwegian Name Bertha Veness.

Born Jan. 7-1895 At Linsboro, Minn. Age Last Birthday Residence Now Cooperstown (1912)

Admitted from what County Griggs Date Sept. 14, 1908. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls 1915.

What is He Called at Home Bertha Give Full Name of Father Halvor Veness Mother Bertina Veness.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cooperstown, Griggs Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station G. N. on Aneta Branch On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Nels, Carl, Ada, Andrew.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf 7 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where public school When How Long 2 mo.

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no.

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results no result.

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Same as other girls of her age.

Has Applicant Sound Mind yes | Good Health Fair | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind | Been Vaccinated yes When 1908.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps no Whooping Cough no | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information D. F. Bangs

Give Here Name and Address of Applicant's Family Physician Dr. Ankle, Cooperstown, N.D.

ad. 9/14/08
Left june 1915
in school 7 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 197

Sex Female Color White Nationality Name Cora Ethel Fisher

Born June 27-1895 At Croford Co. Kansas Age Last Birthday Residence Now Cherryvale, Kansas 1912

Admitted from what County Bowman Co. Date Sept. 16, 1908 Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state June 1911.

What is He Called at Home Cora Give Full Name of Father James Perry Mother Genettie Mae Fisher.

Nationality of Father Mother Are Both Living

What is Father's Business or Profession I do not know.

Is Father's Pecuniary Condition Indigent, Easy or Affluent He was very indigent.

Does Applicant Live With Parents With mother If Not Why Parents divorced. Court gave mother the girl.

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian mother

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description Scranton, Bowman Co. On Rural Telephone

Name of Nearest Railroad Station Buffalo Springs On What Railway Chi. St. P. & Mil.

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested mother.

Name Applicants Brothers and Sisters—Oldest First none living

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Spinal meningitis

At What Age did Applicant Become Deaf 9 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Olathe Kansas When How Long 2 terms 3 mo.

What Sounds Can the Applicant Hear, If any Thunder or gun report.

Can He Speak any Words Distinctly Lots of sounds - No words distinctly

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist Just common doctors.

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House nothing much.

Has Applicant Sound Mind Seems to have Good Health not very Any Bodily Deformity A little paralytic on right side

Any Immoral Habits no Any Contagious Disease no Nervous Trembling yes

Tobacco Habit " Fits of Any Kind " Been Vaccinated yes When 1908.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever yes Measles yes

Mumps yes Whooping Cough yes Spotted Fever no Diphtheria no.

What Church Shall Applicant Attend Methodist

Will Parents Give Him a Full Course in the School for Deaf If possible

Is His Father a Citizen of North Dakota mother is.

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Miss Genethie Mae Hendricks, Scranton, N.D.

Give Here Name and Address of Applicant's Family Physician Have none.

ad. 9/16/08
Left State june 1911
in school 3 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 198

Sex male Color White Nationality Hungarian Name Stephan Haider

Born Oct. 6 - 1901 At St. Anthony N. D Age Last Birthday Residence Now St. Anthony (1912)

Admitted from what County morton Co. Date Oct. 11. 1908 Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Steve Give Full Name of Father Daniel Haider Mother Theresia Haider

Nationality of Father Hungarian Mother Hungarian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County St. Anthony, N. D

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Mandan On What Railway N. P. Ry.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Daniel Haider

Name Applicants Brothers and Sisters—Oldest First Elisabeth, Maria, Anna, Rosie, Margrett

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Born deaf

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results none

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Too Young.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit Yes

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated "

When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no

Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Martin Klein, Anthony, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Twomis, Mandan, N. D.

ad. 10/11/08
Graduated June, 1922.
in school 14 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 199

Sex Female Color white Nationality Netherlands Name Minnie Sikkink

Born June 18-1892 At Preston Minn Age Last Birthday Residence Now Marion (1912).

Admitted from what County Barnes Co. Date Oct. 23, 1908. Railway Station

Clothing and Transportation Paid By Supported By

Left school June 1911.

What is He Called at Home Minnie Give Full Name of Father Henry John S. Mother Alice Sikkink.

Nationality of Father Netherlands Mother Are Both Living

What is Father's Business or Profession Farmer - a renter

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Marion, Barnes Co.

If they Live on a Farm give Description W. 1/2 17 - 137 - 61. On Rural Telephone

Name of Nearest Railroad Station Marion On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses no

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Bert, Brint, Anna, Minnie, Jennie, Bertha, Henry, Alice Wilbur.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane yes, Jennie & Henry are deaf & dumb.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Head disease.

At What Age did Applicant Become Deaf 2 1/2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Faribault Minn When How Long 9 yrs.

What Sounds Can the Applicant Hear, If any Very loud.

Can He Speak any Words Distinctly A few.

Can He Read Words from the Motion of the Lips some

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results none

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Everything + has learned dressmaking.

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind | Been Vaccinated yes When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps yes | Whooping Cough no | Spotted Fever " | Diphtheria

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota not yet

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Jacob D. Daas, Marion, N. D.

Give Here Name and Address of Applicant's Family Physician Have none here.

ad. 10/23/08
dropped June 1911
3 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 200

Sex male Color White Nationality Netherlands Name Henry Sikkink

Born May 12, 1896 At Preston minn Age Last Birthday Residence Now Marion (1912).

Admitted from what County Barnes Co. Date Oct. 23, 1908. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from rolls April 1, 1915 - Needed at home.

What is He Called at Home Henry. Give Full Name of Father Henry John S. Mother Alice Sikkink

Nationality of Father Netherlands Mother Are Both Living yes

What is Father's Business or Profession Farmer - a renter

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Marion Barnes Co. N. D.

If they Live on a Farm give Description W ½ 17-137-61. On Rural Telephone

Name of Nearest Railroad Station Marion On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses no

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Bert, Anna, Jennie, Bertha, Henry, Alice, Wilbert.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane yes, Minnie + Jennie are deaf + dumb.

Or Partially So

Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Faribault When How Long 4 yrs.

What Sounds Can the Applicant Hear, If any nothing

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips yes a little

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Light work on farm & learned sloyd trade.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps yes Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota not yet

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Jacob D. Baas, Marion, N. D.

Give Here Name and Address of Applicant's Family Physician Have none here.

ad. 10/23/08
dropped Ap. 1- 1915
in School 5 yr. 4 mo.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 201

Sex Female Color White Nationality Ger. Russian Name Regina Plaff.

Born Aug. 27-1897 At —— Age Last Birthday Residence Now Richardton (1912)

Admitted from what County Stark Co. Date Oct. 9, 1908. Railway Station

Clothing and Transportation Paid By Supported By

Left school June 1910 - attending church school.

What is He Called at Home Regina Give Full Name of Father Daniel Plaff Mother Anne Marie Plaff.

Nationality of Father Ger. Russian Mother Ger. Russian Are Both Living No

What is Father's Business or Profession Mother farming

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living No Which is Dead Father Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Richardton

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested mother

Name Applicants Brothers and Sisters—Oldest First Two brothers.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, two brothers.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown

At What Age did Applicant Become Deaf Childhood If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House A little housework.

Has Applicant Sound Mind Yes

Any Immoral Habits no

Tobacco Habit "

Good Health no

Any Contagious Disease "

Fits of Any Kind not for years

Any Bodily Deformity no

Nervous Trembling Rather

Been Vaccinated no When

What is the Condition of Eye Sight

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever Yes

Spotted Fever no

Measles Yes

Diphtheria no.

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota was.

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Vincent Wehrle, Richardton, N. D.

Give Here Name and Address of Applicant's Family Physician

Admitted: Oct. 9, 1908; Left: June, 1910; In School: 2 yrs

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 202

Sex male Color white Nationality norwegian Name George Cyrus Flamer.

Born Dec. 15, 1891 At ——— Age Last Birthday Residence Now Fargo (1912)

Admitted from what County Cass Co. Date Jan. 4, 1909. Railway Station

Clothing and Transportation Paid By Supported By

Left school April 4, 1910 - Graduated from 8th Grade, Fargo Schools.

What is He Called at Home George Give Full Name of Father Tolef John Flamer Mother Lena Flamer.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Hotel Keeper

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County 307 Twist Ave. N. Fargo, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Fargo On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Pearl, Violet

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness.

At What Age did Applicant Become Deaf 17 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where public school When How Long Finished 8th grade

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Examined

If so, With What Results

How do thhe Parents Talk with Him write

What Useful Things Can He do About the House Anything

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity no

Any Immoral Habits no — Any Contagious Disease no — Nervous Trembling no

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated yes — When 5 yrs. ago.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no — Scarlet Fever no — Measles Yes

Mumps Yes — Whooping Cough Yes — Spotted Fever " — Diphtheria no.

What Church Shall Applicant Attend

Will Parents Give Him a Full Course in the School for Deaf

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information

Give Here Name and Address of Applicant's Family Physician

Admitted: Jan 4, 1909; Left April 4, 1910; In school: 1½ yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 203

Sex Male Color White Nationality German Name Herbert George Billigmeier

Born Apr. 14-1900 At Harvey, N. D. Age Last Birthday Residence Now Harvey (Feb. 1912).

Admitted from what County Wells. Date Sept. 20-1909 Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Herbert Give Full Name of Father George Billigmeier Mother Emilie Billigmeier.

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession merchant

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Harvey, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Harvey On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Eugene, Leona, Arduin

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Brain Fever

At What Age did Applicant Become Deaf 7 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School ~~No~~ Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him Lip Reading + signs

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles Yes

Diphtheria no

What Church Shall Applicant Attend Congregational

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information

Give Here Name and Address of Applicant's Family Physician

ad 9/20/09 - in school 6 yrs.
Graduated June 30, 1915.

Admitted to Gallaudet College fall 1915

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 204

Sex Female Color White Nationality Ger. Russian Name Paulina Stuvn

Born Dec. 4, 1900 At Gr. Butte Morton Co Age Last Birthday Residence Now St. Vincent. (1912)

Admitted from what County Morton Co. Date Sept. 20, 1909. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Paulina Give Full Name of Father Stephen Stuvn Mother Marianna Stuvn

Nationality of Father Rus. German Mother Ger. Russian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Rather easy.

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County St. Vincent, Morton Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Judson On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Monica, Frank, Peter, George

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes. She has a deaf cousin

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Typhoid Fever.

At What Age did Applicant Become Deaf 5 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Pounding & hammering.

Can He Speak any Words Distinctly Can speak some.

Can He Read Words from the Motion of the Lips — Some words

Have his Ears Been Especially Examined or Treated by and Aurist — yes

If so, With What Results — none

How do thhe Parents Talk with Him — Signs

What Useful Things Can He do About the House — Helps in kitchen and especially likes sewing.

Has Applicant Sound Mind — Yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — " When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — yes

Scarlet Fever — no

Spotted Fever — "

Measles — yes

Diphtheria — no

What Church Shall Applicant Attend — Catholic

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no.

Give Name and Post Office Address of Person Furnishing this Information — Rev. Leo Kaufmann, St. Vincent.

Give Here Name and Address of Applicant's Family Physician — Spec. J. M. Laughlin Bismarck, Dr. Shauss of Richardton, N. D. Dr. Ramshead, "

ad 9/20/09

Graduated, June, 1922.

In school 13 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 205

Sex Female Color White Nationality Norwegian Name Joice Louciele Gauper.

Born Oct. 7, 1900 At Viroqua Wis. Age Last Birthday Residence Now S. D.

Admitted from what County Steele Date Sept. 20, 1909 Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state June 1911.

What is He Called at Home Joice Give Full Name of Father Robt. Oscar Mother Helen Gauper.

Nationality of Father Norwegian Mother American Are Both Living Yes

What is Father's Business or Profession Clerk in General store.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Finley, Steele Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Finley On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Lilah, Everett, Leslie, Gordon, Iva.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness measles

At What Age did Applicant Become Deaf 10 wks. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Day Sch. at Sparta Wis. When How Long 2 yrs.

What Sounds Can the Applicant Hear, If any Loud yells, train whistle, dog bark.

Can He Speak any Words Distinctly A few.

Can He Read Words from the Motion of the Lips A few

Have his Ears Been Especially Examined or Treated by and Aurist Yes when 2 yrs. old.

If so, With What Results

How do thhe Parents Talk with Him Speaking & motions.

What Useful Things Can He do About the House Bring wood, wipe dishes; various small things.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Near sighted & a little cross eyed.

Has Applicant Had Small Pox no

Mumps No Whooping Cough Yes

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no.

What Church Shall Applicant Attend M. E. or Lutheran.

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Robert Oscar Gauper, Finley N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Highmarch, Finley, N. D

ad. 9/20/09
Left State june 1911
2 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 206

Sex male Color white Nationality Ger. Hungarian Name michael Bogner.

Born July 26-1902 At Hungary Age Last Birthday Residence Now Gladstone (1912)

Admitted from what County Stark Co. Date Sept. 21-1909. Railway Station

Clothing and Transportation Paid By Supported By

Reached mental limit.

What is He Called at Home michael Give Full Name of Father Peter Bogner Mother Barbara Bogner

Nationality of Father Ger. Hung. Mother Ger. Hungarian Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Gladstone, Stark Co.

If they Live on a Farm give Description S. ½ of Sec. 18 - 137 - 94. On Rural Telephone

Name of Nearest Railroad Station Gladstone On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Poor at present

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First John, Barbara, Franz, Franziscas Elisabeth, Joseph Katharine.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane yes Elisabeth is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results none

How do thhe Parents Talk with Him Point with fingers

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit

Good Health yes

Any Contagious Disease no

Fits of Any Kind

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 6 yrs. ago

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps yes Whooping Cough no

Scarlet Fever no

Spotted Fever

Measles yes

Diphtheria no

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information John P. Jungers, Gladstone N. D.

Give Here Name and Address of Applicant's Family Physician Stefan Fisher, Dickinson, N. D.

ad. 9/21/09
Grad June 1922
13 Yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 207

Sex male Color White Nationality Icelander Name Benedikt Julius Egjolfson

Born Sept. 23-1899 At mountain N.D Age Last Birthday Residence Now Park River (1912)

Admitted from what County Walsh Co. Date Sept. 21-1909. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state June 9, 1917.

What is He Called at Home Jule Give Full Name of Father Paul Egjolfson Mother Jomine Egjolfson

Nationality of Father Icelander Mother Icelander Are Both Living yes

What is Father's Business or Profession Workman

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents If Not Why Father left 5 1/2 yrs. age & went to Canada. He has

With Whom Does He Live mother since not sent anything for support except a small sum once a yr. or so.

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place no

If Parents are Dead or Do Not Support the Child, Who is Guardian mother

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description Park River, N.D. On Rural Telephone

Name of Nearest Railroad Station On What Railway G.N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses no.

Who Will Take Applicant Home in Vacation—or When Requested

Name Applicants Brothers and Sisters—Oldest First ↑↓ mother Jonas, Laura, Rena, Arne, Theodore

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness measles and whooping cough.

At What Age did Applicant Become Deaf 2 1/2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Hears a little with right ear. Left absolutely deaf

Can He Speak any Words Distinctly Simple words, names etc.

Can He Read Words from the Motion of the Lips — no

Have his Ears Been Especially Examined or Treated by and Aurist — Treated for several yrs by family physician.

If so, With What Results — Some improvement to left ear.

How do thhe Parents Talk with Him — Understands mother quite well when she talks loud.

What Useful Things Can He do About the House — Helps a good deal & takes special interest in carpenter work and gymnastics.

Has Applicant Sound Mind — Yes, he seems to

Any Immoral Habits — no

Tobacco Habit

Good Health — Yes

Any Contagious Disease — no

Fits of Any Kind

Any Bodily Deformity — no

Nervous Trembling — To some extent. Better

Been Vaccinated — Yes When 4 yrs. ago.

What is the Condition of Eye Sight — not very good.

Has Applicant Had Small Pox — no

Mumps — Yes Whooping Cough — Yes

Scarlet Fever — no

Spotted Fever — "

Measles — Yes

Diphtheria — no

What Church Shall Applicant Attend — Lutheran

Will Parents Give Him a Full Course in the School for Deaf — Yes, if she can.

Is His Father a Citizen of North Dakota — Was before he left. Is probably yet.

Has the Father any Intention of Leaving the State Within a Year — Left.

Give Name and Post Office Address of Person Furnishing this Information — Dr. Hendrik S. Schanche, Park River.

Give Here Name and Address of Applicant's Family Physician — Drs. Haldorson & Schanche.

ad. 9/21/09
Left State June 9, 1917
8 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 208

Sex Female Color White Nationality U. S. (Norw. desc) Name Esther medora Paulson

Born Nov. 26-1902 At Harvey, N. D. Age Last Birthday Residence Now Ryder (1912).

Admitted from what County Ward Co. Date Sept. 22, 1909. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state - In Regina Sask. School.

What is He Called at Home Esther Give Full Name of Father Wm. Magnus P. Mother Junittie Paulson

Nationality of Father U. S. (Nor. Deacent) Mother U. S. Are Both Living Yes

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Ryder, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway Mpls. St. P. & S. S. M. Ry.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First La Dell

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Don't know

At What Age did Applicant Become Deaf unknown If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any High pitched tone

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips — Very few

Have his Ears Been Especially Examined or Treated by and Aurist — Examined but not treated.

If so, With What Results

How do thhe Parents Talk with Him — Speech

What Useful Things Can He do About the House — nothing

Has Applicant Sound Mind — yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — " When

What is the Condition of Eye Sight — good

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — yes

Scarlet Fever — no

Spotted Fever — "

Measles — no

Diphtheria — "

What Church Shall Applicant Attend — Protestant

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — O. A. Knudtson, 3716 Park ave. Minneapolis

Give Here Name and Address of Applicant's Family Physician — Dr. J. W. Lede, Harvey, N. D.

ad. 9/22/09
Left State 1915
6 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 209

Sex Female Color white Nationality Canadian Name Anna Ruth McKinnon

Born Feb. 9, 1898 At Bottineau N.D. Age Last Birthday Residence Now Bottineau (1912)

Admitted from what County Bottineau Co. Date Sept. 22-1909. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Ruth Give Full Name of Father Neil Hugh McK. Mother Margaret McKinnon

Nationality of Father Canadian Mother Canadian Are Both Living yes

What is Father's Business or Profession Sheriff

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes. If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Bottineau, N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Bottineau On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Angus A. and Gordon E.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf 10 mo. If Born Deaf What do Parents Consider Cause unknown.

Has Applicant Attended School yes Where public school When How Long 2 terms.

What Sounds Can the Applicant Hear, If any almost all sounds.

Can He Speak any Words Distinctly yes.

Can He Read Words from the Motion of the Lips Some

Have his Ears Been Especially Examined or Treated by and Aurist For one month with good results -

If so, With What Results

How do thhe Parents Talk with Him Speech

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit

Good Health yes

Any Contagious Disease no

Fits of Any Kind

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 8 yrs ago.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever no

Spotted Fever

Measles yes

Diphtheria no

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf yes as long as making satisfactory progress.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Mrs. N. H. McKinnon, Bottineau, N.D.

Give Here Name and Address of Applicant's Family Physician

ad 9/22/09 In school 11 yrs. - adm. to college
Graduated June, 1919
Post Grad 1919 - 1920
1920 - 1921

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 210

Sex Female Color white Nationality German Name Elizabeth Rauser

Born Sept. 6-1900 At Russenia Age Last Birthday Residence Now Maxwell, 1912)

Admitted from what County McLean Co. Date Sept. 28-1909. Railway Station

Clothing and Transportation Paid By Supported By

Dropped out.

What is He Called at Home Elizabeth Give Full Name of Father Edward Rauser Mother Wilhelm, Mina Rauser

Nationality of Father German Mother German. Are Both Living Yes

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Maxwell, McLean Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Mercer On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First John, Wm. Martha, Edward, Henry, Gustave.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Head sickness.

At What Age did Applicant Become Deaf 1 yr. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no.

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House housework.

Has Applicant Sound Mind Do not know Good Health Fairly Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated yes When 5 yrs ago.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever yes Measles yes

Mumps yes Whooping Cough yes Spotted Fever no Diphtheria no

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes will be in about 2 ms.

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information D. B. Man, Maxwell N.D.

Give Here Name and Address of Applicant's Family Physician John Lindelin, Wilton, N.D.

ad. 9/28/09
dropped June 1915
6 yrs. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 211

Sex male Color White Nationality German Name Joseph Kerschbaum

Born Apr. 25, 1901 At Wisconsin Age Last Birthday Residence Now Montana

Admitted from what County Mc Henry Co. Date Sept. 28, 1909 Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state 1910.

What is He Called at Home Josie Give Full Name of Father Frank Kerschbaum Mother Frances Kerschbaum

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Butcher

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County ~~Lansford~~ Velva, Mc Henry Co. - Later moved to Lansford

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Louie, Frank, Rudie, Lillian

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness measles

At What Age did Applicant Become Deaf 6 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any tones of violin.

Can He Speak any Words Distinctly papa and mama.

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results none.

How do thhe Parents Talk with Him motions + Lip-Reading.

What Useful Things Can He do About the House carry water + coal.

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps Yes Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles Yes

Diphtheria no.

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Dr. S. M. Johns Velva, N. D.

Give Here Name and Address of Applicant's Family Physician " " " " " " "

Admitted: Sept. 28, 1909; Left State: Spring of 1910; In School: 1 term.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 212

Sex Female Color White Nationality Norwegian Name Clara Haug.

Born May 13-1901 At Cavalier Co. N.D. Age Last Birthday Residence Now Milton (Feb. 1912)

Admitted from what County Cavalier Date Oct. 1-1909 Railway Station

Clothing and Transportation Paid By Supported By

Dropped out.

What is He Called at Home Clara Give Full Name of Father Tom Haug Mother Clara Karoline Haug.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Milton, Cavalier Co. R. F. D. 1.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Milton On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Ida, Carl, Thorwald

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No.

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause Unknown

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Deep sounds and tramping.

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results no results.

How do thhe Parents Talk with Him motions & signs

What Useful Things Can He do About the House most anything for her age.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health Yes

Any Contagious Disease no

Fits of Any Kind not since about 1½ yrs.

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough Yes

Scarlet Fever no

Spotted Fever "

Measles Yes

Diphtheria no.

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information T. Halvorson, Milton, N.D.

Give Here Name and Address of Applicant's Family Physician W. W. McQueen, Langdon, N.D.

ad. 10/1/09
dropped 1922
10 yrs. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Grad. June, 1920.

Admission No. 213

Sex male Color White Nationality Norwegian Name Peder Pederson.

Born Aug. 11-1901 At Roseville, Traill Co. Age Last Birthday Residence Now Clifford (1912).

Admitted from what County Traill Co. Date Oct. 15, 1909. Railway Station

Clothing and Transportation Paid By Supported By

Farmer near Churchs Ferry.

What is He Called at Home Peder Give Full Name of Father Olans Pederson Mother Sensel Mathea Pederson.

Nationality of Father norwegian Mother Norwegian Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Clifford, Traill Co.

If they Live on a Farm give Description 1 m. n. 3 w. of Clifford On Rural Telephone

Name of Nearest Railroad Station Clifford On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Jens, Nellie, Hjalmer, Manda, Marie, Louise, Peder, August.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, Jens & August deaf & dumb.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives yes Give Particulars Mrs. P. has a deaf & dumb brother.

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins no

What Does the Doctor and Parents Give as Cause of the Deafness unknown.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Where When How Long

What Sounds Can the Applicant Hear, If any Dead sounds.

Can He Speak any Words Distinctly no.

Can He Read Words from the Motion of the Lips yes some

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House most anything for his age.

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated yes When 5 or 6 yrs. of age.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles yes

Mumps yes Whooping Cough no | Spotted Fever " | Diphtheria no.

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Rev. O. J. Mackenick Galesburg, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Wadel, Portland, N.D.

ad 10/15/09
Graduated June 1920
11 yrs. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 214

Sex male Color White Nationality Norwegian Name Christ Hiller

Born Oct. 27-1898 At Gr. Forks Age Last Birthday Residence Now Tunbridge (1912)

Admitted from what County Pierce Co. Date Oct. 18, 1909. Railway Station

Clothing and Transportation Paid By Supported By

Entered public school fall of 1910- Readmitted Nov. 6, 1917

What is He Called at Home Christ Give Full Name of Father Andrew Hiller Mother Clara Hiller

Nationality of Father Norwegian Mother Norwegian Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Tunbridge, Pierce Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Barton, branch from Rugby On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Cora, Andy, Myrtle.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage ..

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever

At What Age did Applicant Become Deaf 7 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Pierce Co. rural school When How Long 4 yrs.

What Sounds Can the Applicant Hear, If any Loud speaking.

Can He Speak any Words Distinctly yes.

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House Everything

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Fair

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Lucy B. Semple, Rugby, N.D.

Give Here Name and Address of Applicant's Family Physician

ad 10/18/09
dropped June 1918
2 yrs. Un school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 215

Sex Female Color White Nationality Ger. Russian Name Paulina Schnaible

Born June 17-1902 At McIntosh Co. Age Last Birthday Residence Now Linton (Feb. 1912)

Admitted from what County Emmons Co. Date Oct. 30, 1909. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state - Graduated from the S. Dak school.

What is He Called at Home Paulina Give Full Name of Father Martin Schnaible Mother Christina Schnaible

Nationality of Father Ger. Russian Mother Ger. Russian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Has four quarters of land.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Linton, N. D. Emmons Co

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Linton On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents -

Name Applicants Brothers and Sisters—Oldest First Christina, Carlina, Katharina, Johann, Magdalena, Martin Fredrika, Rosina, Paulina

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 1½ yr. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Not any

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results no results.

How do thhe Parents Talk with Him motions.

What Useful Things Can He do About the House Too young.

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit ..

Good Health Yes

Any Contagious Disease No

Fits of Any Kind ..

Any Bodily Deformity No

Nervous Trembling No

Been Vaccinated .. When

What is the Condition of Eye Sight Very good.

Has Applicant Had Small Pox No

Mumps No Whooping Cough No

Scarlet Fever No

Spotted Fever ..

Measles No

Diphtheria ..

What Church Shall Applicant Attend Lutheran.

Will Parents Give Him a Full Course in the School for Deaf If she learns.

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information G. A. Herolz, Linton, N. D.

Give Here Name and Address of Applicant's Family Physician

ad 10/30/09
dropped 1918
9 yrs. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 216

Sex Male Color White Nationality American Name Syrus McKinley Munson

Born Sept. 26-1901 At Elmhurst, Langlade Co. Age Last Birthday mos. Residence Now Fargo (1912)

Admitted from what County Cass Co. Fargo, N.D. Date Sept. 14, 1910. Railway Station

Clothing and Transportation Paid By F.M. Supported By

What is He Called at Home Syrus Give Full Name of Father Marvin Tompson M. Mother Sophie marie Munson.

Nationality of Father Am. + 1/4 Norwegian Mother American, Ger. descent Are Both Living

What is Father's Business or Profession Laborer & Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents No If Not Why Father has rheumatism + mother unable to support large family

With Whom Does He Live Roy munson.

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian Roy and Glen Munson.

Post Office Address of Parent or Guardian and County Fargo, N.D. 314 8th St. N.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses I am.

Who Will Take Applicant Home in Vacation—or When Requested myself or sister.

Name Applicants Brothers and Sisters—Oldest First Hannah, Lea, Syrus, Eugene.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No. Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Dr. Baily of Fargo says congenital

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause Think it throat trouble as he is not totally deaf.

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Can hear and understand.

Can He Speak any Words Distinctly Can but very seldom does.

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House Some light work.

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity No

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated " — When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No — Scarlet Fever No — Measles Yes

Mumps No — Whooping Cough Yes — Spotted Fever " — Diphtheria No

What Church Shall Applicant Attend Any, prefer Lutheran.

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Roy Munson 314 8th St. Fargo.

Give Here Name and Address of Applicant's Family Physician Dr. Carpenter, Fargo, N.D.

Admitted Sept 14, 1910: Dropped: June 9, 1911; In school 1 term.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 217

Sex Female Color White Nationality English Name Ruth Reid

Born Feb. 22-1902 At Pike Co. Mo. Age Last Birthday Residence Now Cando (1912).

Admitted from what County Towner Co. Date Sept. 14, 1910. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Ruth Give Full Name of Father Paul Reid Mother Ida Reid

Nationality of Father American Mother American Are Both Living Yes.

What is Father's Business or Profession Laborer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando, Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Cando On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses no

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Joe, Fay, Sadie, Ophelia, Ruth, Jennie, Forrest.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, Fay, Ophelia, Forrest are deaf.

Or Partially So Give Name and Cause in Each Case Jennie partially.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Cando When 1909 in fall How Long 1 mo.

What Sounds Can the Applicant Hear, If any Ruth, mama, papa

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs & speech

What Useful Things Can He do About the House nothing

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated "

When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps yes

Whooping Cough yes

Scarlet Fever no

Spotted Fever "

Measles yes

Diphtheria no

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year not at present.

Give Name and Post Office Address of Person Furnishing this Information Mrs. J.B. Reid, Cando.

Give Here Name and Address of Applicant's Family Physician Dr. J.J. Lamount & Dr. F.C. Harris, Cando.

ad. 9/14/10

Graduated June, 1922.

12 yrs. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 218

Sex male Color white Nationality English Name Boyd E. Willey

Born Oct. 1-1903 At Lansing Twp. Towner Co. N.D. Age Last Birthday Residence Now Rock Lake (1912).

Admitted from what County Towner Co. Date Sept. 19-1910. Railway Station

Clothing and Transportation Paid By Supported By

Left school 1911.

What is He Called at Home Boyd Give Full Name of Father Wesley Willey Mother Beatrice Mae Willey.

Nationality of Father English Mother English Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Ellison, N. D. 3 mi. n. of Ellison near Rock Lake, N. Dak.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Rock Lake, N. D. On What Railway Farmers Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Carl, Mervyle, Forrest, Leta.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any not any.

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results Treatment did no good

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Lots of little errands.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles yes

Diphtheria no

What Church Shall Applicant Attend Protestant

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Beatrice Willey, Rock Lake.

Give Here Name and Address of Applicant's Family Physician W. H. Porter, Calvin, N. D.

ad. 9/19/10

Graduated June 1922

in school 12 years.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 219

Sex male Color White Nationality German. Name Rolf Knowlton Haavmsen

Born Apr. 13, 1904 At Slayton Minn Age Last Birthday Residence Now Krem (1912)

Admitted from what County mercer Co. Date Sept. 19, 1910 Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Rolf Give Full Name of Father Rolf N. Haavmsen Mother Nina S. Haavmsen.

Nationality of Father German (Desc). Mother Irish (Desc). Are Both Living Yes.

What is Father's Business or Profession Banking with limited means.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Krem, mercer Co. N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Stanton, N. D. On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Rhea May, Lisle Christine.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unable to learn cause.

At What Age did Applicant Become Deaf Infancy If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Loud sounds

Can He Speak any Words Distinctly Some

Can He Read Words from the Motion of the Lips To a certain extent.

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results none

How do thhe Parents Talk with Him Loud talking and motioning.

What Useful Things Can He do About the House Too young

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox no Scarlet Fever yes Measles yes

Mumps no Whooping Cough yes Spotted Fever no Diphtheria no

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Rolf N. Harmsen, Krem, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. L. G. Eastman, Krem, N.D.

ad. 9/19/10

Graduated June, 1922. ad. to college

in school 12 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 220

Sex Male Color White Nationality Scotch Name Nelson Stanley Robertson

Born Nov. 13-1901 At Rolla, N. D. Age Last Birthday Residence Now Halliday (Feb. 1912)

Admitted from what County Rolette Co. Date Sept. 19 1910. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state June 12, 1918.

What is He Called at Home Nelson Give Full Name of Father James Thomas R. Mother Annie Robertson

Nationality of Father Scotch Mother Scotch Are Both Living no

What is Father's Business or Profession Carpenter

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents If Not Why

With Whom Does He Live Father

Are Parents Both Living no Which is Dead mother Has a Second Marriage Taken Place no.

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Rolla, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Hardly.

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First David, Andrew, Flora, Robert, mary.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage yes

If so, Were they First, Second, Third or Fourth Cousins 1st. cousins

What Does the Doctor and Parents Give as Cause of the Deafness Congenital

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause Unknown

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House nothing

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles Yes

Mumps no Whooping Cough no | Spotted Fever " | Diphtheria no.

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information D. T. Bangs.

Give Here Name and Address of Applicant's Family Physician Dr. Mcdmyre, Rolla.

ad 9/19/10
dropped 1924
in school 13 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 221

Sex Female Color White Nationality Norwegian Name Beda Adeline Erickson

Born June 12-1903 At Englevale, N.D. Age Last Birthday Residence Now Englevale (1912)

Admitted from what County Ransom Co. Date Sept. 20-1910. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Beda Give Full Name of Father Ole Kristian Mother Pethrine mathea Erickson

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Englevale, Ransom Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Englevale On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Her sister Elida Erickson

Name Applicants Brothers and Sisters—Oldest First Elida, Margaret, Hogen, Alpha, Beda.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage yes

If so, Were they First, Second, Third or Fourth Cousins 3rd. cousins.

What Does the Doctor and Parents Give as Cause of the Deafness growths in throat.

At What Age did Applicant Become Deaf 2 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Everything but Talking

Can He Speak any Words Distinctly Her own name.

Can He Read Words from the Motion of the Lips — a few

Have his Ears Been Especially Examined or Treated by and Aurist — no

If so, With What Results

How do thhe Parents Talk with Him — motions

What Useful Things Can He do About the House — never used to doing anything.

Has Applicant Sound Mind — yes

Any Immoral Habits — no

Tobacco Habit

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — yes

Scarlet Fever — no

Spotted Fever

Measles — yes

Diphtheria — no

What Church Shall Applicant Attend — Lutheran

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — Elida Erickson; Englevale, N.D.

Give Here Name and Address of Applicant's Family Physician — Dr. Arthur Gronvold, Ft. Ransom, N.D.

ad. 9/20/10

Graduated June, 1932.

12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 222

Sex male Color White Nationality German Name Nick A. Braunagel

Born Sept. 10-1911 At N. Dakota Age Last Birthday Residence Now Harvey (1912)

Admitted from what County Wells Co. Date Sept. 22-1910. Railway Station

Clothing and Transportation Paid By Supported By

Instructor in Deaf School in South Carolina

What is He Called at Home Nick Give Full Name of Father Anton Braunagel Mother Lena Braunagel

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Harvey, Wells Co. R. 7. D. #2 Box 28.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Harvey On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Marie, Freona.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever.

At What Age did Applicant Become Deaf 6 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where New Ger. Sch. Distr. When 1906 How Long 6 mo.

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results

How do thhe Parents Talk with Him german

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever yes

Spotted Fever no

Measles. no

Diphtheria yes

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Frona Braunagel, Harvey, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Eede, Harvey, N.D.

ad. 9/22/10

Graduated June, 1922. ad. College

12 yrs in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 223

Sex Female Color White Nationality Ger. Russian Name Emilia Stuwe

Born Aug. 15-1902 At Crown Butte St. 6. Age Last Birthday Residence Now St. Vincent (1912)

Admitted from what County Morton Co. Date Sept. 22, 1920. Railway Station

Clothing and Transportation Paid By Parents. Supported By

What is He Called at Home Emilia Give Full Name of Father Frank Stuwe Mother Maria Eva Stuwe.

Nationality of Father Ger. Russian Mother Ger. Russian. Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Enough to live on.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County St. Vincent, Morton Co. N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Judson, N. D. On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Margaretha, Katharina, Emilia, George, Hyronimus.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, a deaf cousin. From typhoid fever

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever.

At What Age did Applicant Become Deaf 2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Some, but not talking

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips Very little

Have his Ears Been Especially Examined or Treated by and Aurist many times

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Too young.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 5 yrs. ago.

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no

What Church Shall Applicant Attend R. Catholic.

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Rev. Leo. Kaufmann, St. Vincent, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Sullivan, Fargo, N.D.

ad. 9/22/10

Graduated June, 1922. ad. College

12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 224

Sex Female Color White Nationality Norwegian Name Effie Elvina Knutson

Born Sept. 9-1901 At Louisburg Minn Age Last Birthday Residence Now Mohall (1912).

Admitted from what County Renville Co. Date Sept. 23-1910. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Effie Give Full Name of Father Andrew Knutson Mother Sigrid Knutson.

Nationality of Father Norwegian Mother Norwegian. Are Both Living Yes.

What is Father's Business or Profession Laborer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Mohall, Renville Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Mohall. On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Ida, Lottie, Julia, Nettie, Adolph, Clara, Minnie, Bennie

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Adolph is a paralytic. Bennie & Clara

Or Partially So Give Name and Cause in Each Case are deaf and dumb.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Think from measles.

At What Age did Applicant Become Deaf 8 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Dead sounds.

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Very industrious for age.

Has Applicant Sound Mind Perfect. Good Health Fair Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no " Nervous Trembling no

Tobacco Habit " Fits of Any Kind Been Vaccinated " When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever no Measles yes

Mumps no Whooping Cough no Spotted Fever " Diphtheria no.

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Don't know.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information mohall, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. H. J. Halliday, mohall, N.D.

ad. 9/23/10 -

Graduated June, 1922.

12 yrs. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 225

Sex Male Color White Nationality German Name Eugene Albert Jaeger.

Born Apr. 24-1897 At Mercer Co. Hebron P.O. Age Last Birthday Residence Now Hebron (Feb. 1912)

Admitted from what County Stark Date Sept. 24-1910. Railway Station

Clothing and Transportation Paid By F.M. Supported By

What is He Called at Home Eugene Give Full Name of Father Wilhelm Jaeger Mother Christina Jaeger.

Nationality of Father German Mother German Are Both Living No.

What is Father's Business or Profession Was a Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Fair condition.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living No Which is Dead Father Has a Second Marriage Taken Place No.

If Parents are Dead or Do Not Support the Child, Who is Guardian Jakob Hanser

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description Hebron, N. D. On Rural Telephone

Name of Nearest Railroad Station On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Mother

Name Applicants Brothers and Sisters—Oldest First Frieda, Paulina, Louisa, Ottilie, Wilhimie, Friedrick Wilhelm

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane. No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Farmers Valley School When How Long 4 months -

What Sounds Can the Applicant Hear, If any Can hear well.

Can He Speak any Words Distinctly cannot speak well.

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results

How do thhe Parents Talk with Him mother gets along fairly well but nobody else.

What Useful Things Can He do About the House most any kind of house and farm work.

Has Applicant Sound Mind Fairly good Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles Yes

Mumps Yes Whooping Cough Yes Spotted Fever " Diphtheria No.

What Church Shall Applicant Attend Ger. Evangelic.

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No.

Give Name and Post Office Address of Person Furnishing this Information J. Leutz, Hebron.

Give Here Name and Address of Applicant's Family Physician Dr. Badenstat, New Salem, N.D.

ad. 9/24/10
dropped June 1914
4 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 226

Sex Female Color White Nationality German Name Alma Krueger

Born Oct. 11-1896 At — Age Last Birthday Residence Now Ryder (1912).

Admitted from what County Ward Co. Date Oct. 11-1910. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls - June 13, 1917.

What is He Called at Home Alma Give Full Name of Father Geo. Krueger Mother Ida Krueger.

Nationality of Father German Mother German Are Both Living yes.

What is Father's Business or Profession Implement business

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Ryder, Ward Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Ryder On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Aurelia, Hulda, Helmuth, Alfred, Erna, Amanda.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet rash.

At What Age did Applicant Become Deaf Ten yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where When How Long 2 yrs.

What Sounds Can the Applicant Hear, If any yes

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Poor. Cross eyed.

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever Rash yes

Spotted Fever no

Measles yes

Diphtheria no

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information J. H. Griffin, Ryder, N. D.

Give Here Name and Address of Applicant's Family Physician " " " "

ad. 10/11/10
dropped June 13, 1917
7 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 227

Sex Female Color white Nationality German Name Elsie E. Redman

Born July 26-1902 At Cando, N. D. Age Last Birthday Residence Now Cando (1912).

Admitted from what County Towner Co. Date Oct. 14, 1910. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Elsie Give Full Name of Father Fred Redman Mother Emma Redman

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Are at present

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Gertrude -

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So " Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf 4 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Cando. When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results none

How do thhe Parents Talk with Him

What Useful Things Can He do About the House Handy with needle.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit

Good Health yes

Any Contagious Disease no

Fits of Any Kind

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever

Measles no

Diphtheria

What Church Shall Applicant Attend Methodist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Landr, N. D.

Give Here Name and Address of Applicant's Family Physician

ad 10/14/10

Graduated June 2, 1922.

11 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 228

Sex male Color White Nationality German. Name Paul Frederick Jaeger

Born Dec 15-1901 At Hebron, N.D Age Last Birthday Residence Now Hebron (1912)

Admitted from what County Morton Co. Date Oct. 27-1910 Railway Station

Clothing and Transportation Paid By Parents Supported By

What is He Called at Home Paul Give Full Name of Father Fred Jaeger Mother Anna Jaeger

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Hebron, Morton Co.

If they Live on a Farm give Description Sect. 30-142-98 On Rural Telephone

Name of Nearest Railroad Station Hebron On What Railway N.P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Frieda, Hugo, John, August, Rosa.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane His cousin is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness W hooping cough supposedly.

At What Age did Applicant Become Deaf 1/2yr. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any If called loudly.

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips Some

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him make motions for what he dont understand.

What Useful Things Can He do About the House Can do most anything.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling yes

Been Vaccinated no When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Evangelical

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Fred Borkmaier, Hebron, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Klein, Hebron, N.D.

10/27/10

Graduated June, 1923.

13 yrs in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 229

Sex Female Color White Nationality Netherlands Name Jennie Sikkink

Born Feb. 1, 1904 At Preston, Minn Age Last Birthday Residence Now Marion (1912).

Admitted from what County Barnes Co. Date Oct, 1910. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls January 30, 1915 - Needed at home.

What is He Called at Home Jennie Give Full Name of Father Henry John S. Mother Alice Sikkink.

Nationality of Father Netherlands Mother Are Both Living Yes

What is Father's Business or Profession Farmer - Renter

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Marion Barnes Co.

If they Live on a Farm give Description W ½ 17-137-61 On Rural Telephone

Name of Nearest Railroad Station Marion On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Berta, Anna, Jennie, Bertha, Henry, Alice, Wilbur.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane yes, Minnie & Henry are deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Head disease -

At What Age did Applicant Become Deaf 1 yr. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Faribault When How Long 6 yrs.

What Sounds Can the Applicant Hear, If any Loud sounds

Can He Speak any Words Distinctly Quite a few.

Can He Read Words from the Motion of the Lips — yes, some.

Have his Ears Been Especially Examined or Treated by and Aurist — Horne Dr.

If so, With What Results — no results

How do thhe Parents Talk with Him — Signs.

What Useful Things Can He do About the House — Everything, but chiefly dressmaking.

Has Applicant Sound Mind — yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — not now

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — "

When

What is the Condition of Eye Sight — weak

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — no

Scarlet Fever — yes

Spotted Fever — no

Measles — no

Diphtheria — "

What Church Shall Applicant Attend — Presbyterian

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — not yet.

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — Jacob D. Baas, Marion, N.D.

Give Here Name and Address of Applicant's Family Physician — Have none here.

10/1/10

Dropped June 1915

5 Mos. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 230

Sex Female Color White Nationality German Name Mary Minnie Boeder

Born Mar. 3, 1901 At Watertown S. D Age Last Birthday Residence Now De Sart (1912)

Admitted from what County Billings N. & Slope Co. Date Nov. 4, 1910. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Mary Give Full Name of Father John Boeder Mother Clara Boeder.

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County De sart, N. D.

If they Live on a Farm give Description Sec. 4 - 133 - 98. On Rural Telephone

Name of Nearest Railroad Station Reeder Chi. Milw. & St. P. Ry. On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses no

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Elsa, Walter, Erwin, Arthur, Gertrude -

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness a weak nerve of the ear.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Stamping on floor.

Can He Speak any Words Distinctly pa, ma, by by.

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist "

If so, With What Results none

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House All kinds of housework for her age.

Has Applicant Sound Mind Yes

Any Immoral Habits no

Tobacco Habit "

Good Health Fairly good Any Bodily Deformity no

Any Contagious Disease no Nervous Trembling no

Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox Yes

Mumps no Whooping Cough no

Scarlet Fever no Measles Yes

Spotted Fever " Diphtheria no

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information O. G. Bagley, Glenwood Minn.

Give Here Name and Address of Applicant's Family Physician

11/4/10

Graduated June, 1922.

11 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 231

Sex Female Color White Nationality American Name Jennie Etta Reid

Born Feb. 8-1904 At Cando, N.D. Age Last Birthday Residence Now Cando (1912).

Admitted from what County Towner Co. Date Sept. 13, 1911. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Jennie Give Full Name of Father Paul Reid Mother Ida Reid.

Nationality of Father American Mother American Are Both Living Yes.

What is Father's Business or Profession Laborer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Cando, Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses no

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Joe, Fay, Sadie, Ophelia, Ruth, Forrest, Paul.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, Fay, Ophelia, Forrest are deaf.

Or Partially So Give Name and Cause in Each Case Ruth and Jennie partially.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness ~~Unknown~~ Congenital

At What Age did Applicant Become Deaf Don't know If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Cando When How Long 1 mo.

What Sounds Can the Applicant Hear, If any Father, mother, dog

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Lips

What Useful Things Can He do About the House nothing

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever no

Spotted Fever "

Measles yes

Diphtheria no

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Ida Bell Reid, Cando, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. J. P. Lamont, Cando.

9/13/11

Graduated June, 1933.

12 yrs. school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 232

Sex Male Color White Nationality Ger. Russian Name Anton Axtmann -

Born Nov. 4-1904 At Russia Age Last Birthday Residence Now Devils Lake (1912)

Admitted from what County Ramsey Co. Date Sept. 18-1911. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Anton Give Full Name of Father John Axtman Mother Veronika Axtmann

Nationality of Father Ger. Russian Mother Ger. Russian Are Both Living Yes.

What is Father's Business or Profession Handy man in Shops.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Devils Lake, Ramsey Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested

Name Applicants Brothers and Sisters—Oldest First

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Typhoid fever

At What Age did Applicant Become Deaf 1 ½ yr. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no. Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no.

Can He Read Words from the Motion of the Lips Some

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results no result

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House a few things

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit ..

Good Health yes

Any Contagious Disease no

Fits of Any Kind ..

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever ..

Measles yes

Diphtheria ..

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Anton Artmann, Devils Lake, N. D.

Give Here Name and Address of Applicant's Family Physician

9/13/11

Graduated June, 1924. ad. to college

12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 233

Sex male Color White Nationality German. Name William (Wilhelm) Boettcher

Born Aug. 15-1905 At Age Last Birthday Residence Now Harvey (1912).

Admitted from what County Wells Co. Date Sept. 16-1911. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state to California 1922.

What is He Called at Home Give Full Name of Father Christian Boettcher Mother Louisa Boettcher.

Nationality of Father German Mother German Are Both Living yes.

What is Father's Business or Profession Grain & Coal dealer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Harvey, Wells Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Harvey, On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Julia, Rosa, Martha, Daniel, Eugene.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Brain Fever

At What Age did Applicant Become Deaf 6 mo If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House nothing

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 2 yrs. ago.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Geo. Billigmeier, Harvey, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Clark, Harvey, N. D.

9/18/11
moved out 9 June 1922

11 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No: 234

Sex male Color white Nationality Danish Name Winfred Lawrens Frederickson

Born Oct. 12-1904 At Tolley, N.D. Age Last Birthday Residence Now Tolley (1912).

Admitted from what County Renville Co. Date Sept. 15, 1911. Railway Station

Clothing and Transportation Paid By Parents. Supported By

Out year of 1913 - couldn't progress

What is He Called at Home Winfred Give Full Name of Father George Frederickson Mother Christina Frederickson

Nationality of Father Danish Mother American Are Both Living yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Tolley, Renville Co.

If they Live on a Farm give Description Sec. 31 R. 86 Twp. 161 On Rural Telephone

Name of Nearest Railroad Station Tolley On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Francis, Lillian

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness.

At What Age did Applicant Become Deaf 14 mo If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him 5 Lons

What Useful Things Can He do About the House Light work

Has Applicant Sound Mind *

Any Immoral Habits no

Tobacco Habit "

Good Health no

Any Contagious Disease "

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated no When will be.

* Sent home Feb. 19th owing to defective mind.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Mrs. Geo. Frederickson, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. F. C. J. Rigg, Kenmare, N. D.

adm. 9/18/11

dropped 1921

10 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 235

Sex Female Color White Nationality Norwegian Name Nina Korvina Hanson

Born June 25-1904 At Nelson Co. N.D. Age Last Birthday Residence Now Pekin (1912).

Admitted from what County Date Sept. 19, 1911. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state to Oregon.

What is He Called at Home Nina Give Full Name of Father Ole J. Hanson Mother Mrs. Ole J. Hanson

Nationality of Father Norwegian Mother Norwegian Are Both Living yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Pekin, Bergen twp.

If they Live on a Farm give Description sec. 32 On Rural Telephone

Name of Nearest Railroad Station Pekin On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First none

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Brain Fever

At What Age did Applicant Become Deaf 2 1/2 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Dead sounds.

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips Yes some.

Have his Ears Been Especially Examined or Treated by and Aurist Yes. Drs. Kakelmaker & Baly; Fargo.

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated "

When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no

Whooping Cough yes

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Pekin, Ole J. Hanson.

Give Here Name and Address of Applicant's Family Physician

admitted 9/19/11
moved to Oregon 1920
in school 9 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 236

Sex male Color white Nationality Ger. Russian Name George E Ehard

Born Feb. 1, 1901 At — Age Last Birthday Residence Now Jud (1912).

Admitted from what County La Moure Co. Date Sept. 19, 1911. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls January 30, 1915- Poor health

Deceased 1921

What is He Called at Home George Give Full Name of Father John E Ehard Mother Mary E Ehard

Nationality of Father Ger. Russian Mother Ger. Russian Are Both Living yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Jud, La Moure Co. 7 mi. west.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Jud, N. D. On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Gottlieb

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case "

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Loud sounds.

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results no result.

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House Any work about farm & house.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Congregational

Will Parents Give Him a Full Course in the School for Deaf Depends upon learning

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Jud, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Penn, Kulm, N. D.

admitted 9/19/11
Dropped June 1915 - Died 1921
4 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 237

Sex Female Color White Nationality German Name Mabel Schilling

Born Sept. 15-1904 At ——— Age Last Birthday Residence Now Cruska (1912)

Admitted from what County Barnes Co Date Sept. 19, 1911. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Mabel Give Full Name of Father August Charley Mother Mary Ann Schilling.

Nationality of Father German Mother German Are Both Living

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents no If Not Why She is adopted by the Schillings.

With Whom Does He Live

Are Parents Both Living Do not know Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian Mr. & Mrs. Schilling.

Post Office Address of Parent or Guardian and County Cruska, Barnes Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Mrs. Mary Schilling.

Name Applicants Brothers and Sisters—Oldest First Do not know.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane unknown.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives unknown Give Particulars

Was there any Blood Relation in the Parents Before Marriage unknown

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness unknown

At What Age did Applicant Become Deaf about 4 If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly not distinctly.

Can He Read Words from the Motion of the Lips — no

Have his Ears Been Especially Examined or Treated by and Aurist — Yes, examined

If so, With What Results

How do thhe Parents Talk with Him — motions

What Useful Things Can He do About the House — none

Has Applicant Sound Mind — yes

Good Health — yes

Any Bodily Deformity — no

Any Immoral Habits — no

Any Contagious Disease — no

Nervous Trembling — no

Tobacco Habit — "

Fits of Any Kind — "

Been Vaccinated — "

When

What is the Condition of Eye Sight — Very poor.

Has Applicant Had Small Pox — no

Scarlet Fever — no

Measles — yes

Mumps — no

Whooping Cough — yes

Spotted Fever — "

Diphtheria — no

What Church Shall Applicant Attend — Congregational

Will Parents Give Him a Full Course in the School for Deaf — Such is intention at present.

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — Mrs. Mary Schilling.

Give Here Name and Address of Applicant's Family Physician — Dr. E. Crosby, Cruska, N. D.

admitted 9/25/18

Graduated June, 1924.

13 7th in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 238

Sex Female Color White Nationality German Name Emilie Sophie Mautz.

Born Oct. 7, 1903 At Coal Harbor Age Last Birthday Residence Now Coal Harbor (1912)

Admitted from what County Mc Lean Co. Date Sept. 19, 1911. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Emilie Give Full Name of Father Edw. John Mautz Mother Sophie Katharine Mautz

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Coal Harbor, Mc Lean Co.

If they Live on a Farm give Description 10 mi. N. from C. H. On Rural Telephone

Name of Nearest Railroad Station On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Pauline, Edward, Robert, Caroline

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes, Caroline is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Weakness of nerves. Congenital

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Thundering

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips — Some, as papa & mama

Have his Ears Been Especially Examined or Treated by and Aurist — Yes

If so, With What Results — no help.

How do thhe Parents Talk with Him — Signs

What Useful Things Can He do About the House — Sweep, wash dishes, watch cattle, lead horses to wate

Has Applicant Sound Mind — Yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — Yes

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — " When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — no.

Scarlet Fever — no

Spotted Fever — "

Measles — Yes

Diphtheria — no

What Church Shall Applicant Attend — Ger. Lutheran

Will Parents Give Him a Full Course in the School for Deaf — Yes for a while but afterwards intend sending to
to a German school.

Is His Father a Citizen of North Dakota — Yes

Has the Father any Intention of Leaving the State Within a Year — no.

Give Name and Post Office Address of Person Furnishing this Information — Rev. B. Wiehe, Coal Harbor.

Give Here Name and Address of Applicant's Family Physician — Dr. Bottler, Martin, N.D.

admitted 9/19/11

Graduated June, 1923.
12 yrs. in school,

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 239

Sex Female Color White Nationality German. Name Caroline Bertha Mautz

Born July 19, 1905 At Coal Harbor. Age Last Birthday Residence Now Coal Harbor (1912)

Admitted from what County Mc Lean Co. Date Sept. 20, 1911. Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Bertha Give Full Name of Father Edward Mautz Mother Sophie Schuhmeyer M.

Nationality of Father German Mother German. Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Coal Harbor, Mc Lean Co.

If they Live on a Farm give Description 11 mi. n. from town. On Rural Telephone

Name of Nearest Railroad Station On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Paula, Emilie, Edward, Robert.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane yes, Emilie is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness weakness of ears.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Thundering & pounding with feet.

Can He Speak any Words Distinctly Some.

Can He Read Words from the Motion of the Lips — yes

Have his Ears Been Especially Examined or Treated by and Aurist — yes

If so, With What Results — no help.

How do thhe Parents Talk with Him — Signs mostly.

What Useful Things Can He do About the House — Housework & cleaning.

Has Applicant Sound Mind — yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — yes

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — " When

What is the Condition of Eye Sight — good

Has Applicant Had Small Pox — no

Mumps — no

Whooping Cough — yes

Scarlet Fever — no

Spotted Fever — "

Measles — yes

Diphtheria — no

What Church Shall Applicant Attend — ger. Lutheran.

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — Rev. B. Wilie, Coal Harbor. N.D.

Give Here Name and Address of Applicant's Family Physician — Dr. Bottcher, Coal Harbor, N.D.

admitted 9/19/11

Graduated June, 1924.

13 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 240

Sex male Color White Nationality Irish Name Francis Gregory Kersten

Born Sept. 17, 1905 At Ramsey Co. Age Last Birthday Residence Now Devils Lake (1912).

Admitted from what County Ramsey Co. Date Sept. 21, 1911 Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state - Entered St. Francis Catholic School, Milwaukee.

What is He Called at Home Francis Give Full Name of Father Mother

Nationality of Father Irish Mother English Are Both Living Dead.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents no If Not Why Both dead.

With Whom Does He Live Adopted by Peter Kersten and wife.

Are Parents Both Living no Which is Dead Both Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian Peter J. Kersten

Post Office Address of Parent or Guardian and County Devils Lake, Ramsey Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Guardian.

Name Applicants Brothers and Sisters—Oldest First Charles - Do not know all.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane a sister is deaf.

Or Partially So Give Name and Cause in Each Case

Give Particulars

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Unknown

Was there any Blood Relation in the Parents Before Marriage Unknown

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf Unknown If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips — no

Have his Ears Been Especially Examined or Treated by and Aurist — Yes, by different doctors.

If so, With What Results

How do thhe Parents Talk with Him — not at all

What Useful Things Can He do About the House — nothing

Has Applicant Sound Mind — yes

Any Immoral Habits — no

Tobacco Habit — "

Good Health — Yes

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — no

Been Vaccinated — " When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — no

Mumps — no Whooping Cough — no

Scarlet Fever — no

Spotted Fever — "

Measles — no

Diphtheria — "

What Church Shall Applicant Attend — Catholic

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — D. Lake.

Give Here Name and Address of Applicant's Family Physician — Dr. C. J. McGurren, D. Lake.

admitted 9/21/11
Dropped 1916 - catholic school.
in school 5 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 241

Sex Female Color White Nationality American Name Fay Lucille Redmond

Born Nov. 27-1902 At Britt Iowa Age Last Birthday Residence Now Hettinger (1912-

Admitted from what County Adams Co. Date Sept. 25-1911. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls.

What is He Called at Home Fay Give Full Name of Father Herbert Thomas Mother Eliz. Lucy Redmond

Nationality of Father American Mother American Are Both Living yes.

What is Father's Business or Profession machinist

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Hettinger, Adams Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Hettinger On What Railway C. M. & St. P. Ry.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Mardella, Ellen.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House Housework for her age.

Has Applicant Sound Mind yes — Good Health yes — Any Bodily Deformity cleft palate

Any Immoral Habits no — Any Contagious Disease no — Nervous Trembling no

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated " — When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no — Scarlet Fever no — Measles no

Mumps no — Whooping Cough no — Spotted Fever " — Diphtheria "

What Church Shall Applicant Attend Congregational

Will Parents Give Him a Full Course in the School for Deaf yes if in state that long.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Mrs. H. J. Redmond, Hettinger, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Wordoff, Hettinger, N.D.

admitted 9/25/11
Left State june 1914
3 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 242

Sex male Color White Nationality American Name George Benjamin Lord

Born Oct. 9, 1894 At Wolverton, Minn Age Last Birthday Residence Now Orr (1912)

Admitted from what County Date Sept. 27, 1911. Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls June 2, 1916.

What is He Called at Home George Give Full Name of Father Charles Oliver L. Mother Ellen Annie Lord.

Nationality of Father American Mother Scandinavian Are Both Living yes

What is Father's Business or Profession Grain Elev. Agent.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Orr, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Orr On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Florence, Mildred, Myrtle, & Estella.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Complication of diseases.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Lanc. Wash. & Faribault When How Long 2 yrs. in 1st. 4 yrs in 7.

What Sounds Can the Applicant Hear, If any any sound to certain extent

Can He Speak any Words Distinctly short words

Can He Read Words from the Motion of the Lips Some

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him Speech

What Useful Things Can He do About the House

Has Applicant Sound Mind yes | Good Health no | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease " | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight weak

Has Applicant Had Small Pox no | Scarlet Fever yes | Measles no

Mumps no | Whooping Cough no | Spotted Fever no | Diphtheria "

What Church Shall Applicant Attend Congregational

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information mrs. C. Lord, Orr, N. D.

Give Here Name and Address of Applicant's Family Physician

admitted 9/27/11
(Dropped June 1916
5 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 243

Sex male Color white Nationality Norwegian Name August John Pederson

Born Aug. 3, 1904 At Roseville, N.D. Age Last Birthday Residence Now Clifford (1912)

Admitted from what County Traill Date Oct. 9, 1911 Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home august Give Full Name of Father Clans Pederson Mother Sesel mathea Pederson

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Clifford, Traill Co. 1 m. n. 3 w.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Clifford On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Jens, Nellie, Hjalmer, Manda, Maria, Louise, Peder, August.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Yes. Jens & Peder are deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Mrs. P. has deaf brother. Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any dead sounds

Can He Speak any Words Distinctly No.

Can He Read Words from the Motion of the Lips Some

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him Signs.

What Useful Things Can He do About the House most anything for age.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health Yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps no Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year nr

Give Name and Post Office Address of Person Furnishing this Information Rev. O. J. Mackenrick, Galesburg, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Wadel, Portland, N.D.

admitted 10/9/11

Graduated June, 1923.

12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 244

Sex Female Color White Nationality Russian Name Emilia Oster.

Born Aug. 19-1898 At Eureka, S. D. Age Last Birthday Residence Now Medina (Feb. 1912)

Admitted from what County Stutsman Date Oct. 16, 1911. Railway Station

Clothing and Transportation Paid By Supported By

Dropped out

What is He Called at Home Emilia Give Full Name of Father George Oster Mother Frederika Oster.

Nationality of Father Russian Mother Russian Are Both Living No

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent at present.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living No Which is Dead mother Has a Second Marriage Taken Place Yes.

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Medina, Stutsman Co.

If they Live on a Farm give Description N. E. 1/4 Sec. 7 - 7/38 Range 68. On Rural Telephone

Name of Nearest Railroad Station Medina On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses not this year.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Henry, Pauly, Bertha.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No

Or Partially So Give Name and Cause in Each Case No

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 7 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Bloomingfield When Winter of 1905 How Long 16 days.

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly Some German.

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes.

If so, With What Results Caused by spine in back of neck.

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House Take care of baby, wash dishes etc.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health not Strong Any Bodily Deformity

Any Contagious Disease no

Fits of Any Kind "

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Excellent

Has Applicant Had Small Pox no Scarlet Fever no Measles yes

Mumps no Whooping Cough no Spotted Fever " Diphtheria no

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Martin Egge, Lear, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Butler, Kulm, N.D.

admitted 10/16/11
Dropped 1920
5 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 245

Sex male Color white Nationality German Name Herbert Schmitke

Born June 21, 1904 At Emery, S. D. Age Last Birthday Residence Now Goodrich (1912)

Admitted from what County Sheridan Co. Date Dec. 8, 1911. Railway Station

Clothing and Transportation Paid By Supported By

Not a promising pupil. Dropped from the rolls 1923.

What is He Called at Home Herbert Give Full Name of Father Joseph Schmitke Mother Rosina Schmitke

Nationality of Father German Mother German Are Both Living no

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living no Which is Dead mother Has a Second Marriage Taken Place yes

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Goodrich, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Goodrich On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Emma, Theophile, Lydia, Lillie, Johnny, Herbert

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Unknown except that mother was greatly scared and excited during a fire while with the child.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist Examined but never treated -

If so, With What Results

How do thhe Parents Talk with Him motions & signs

What Useful Things Can He do About the House Light errands and such other duties as a boy of his age can do.

Has Applicant Sound Mind Yes

Any Immoral Habits no

Tobacco Habit "

Good Health Yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough Yes

Scarlet Fever no

Spotted Fever "

Measles Yes

Diphtheria no

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Emil M. Jasmann, Goodrich, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. A. E. Donker, Goodrich, N. D.

admitted 12/8/11
Dropped June 1922
11 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 746

Sex Male Color White Nationality Danish Name Arthur Ferdinand Petersen.

Born Sept. 25-1904 At Callender, Webster Co. Ia. Age Last Birthday Residence Now Bowbells, N. D.

Admitted from what County Burke Co. Date. Sept 11, 1912. Railway Station

Clothing and Transportation Paid By Parents. Supported By

Moved out of the state to Minnesota.

What is He Called at Home Arthur Give Full Name of Father Hans Peterson Mother Anna Peterson

Nationality of Father Danish Mother Danish Are Both Living Yes

What is Father's Business or Profession Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent moderate.

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Bowbells, Burke Co. Route 3 # 63.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Bowbells. On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Anna, Henry, Caroline, Emil, Lenia, Bernhard, —, Rudolph.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Rudolph is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Grandfather's brother had a deaf son.

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins First cousins.

What Does the Doctor and Parents Give as Cause of the Deafness Know of none.

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him By signs.

What Useful Things Can He do About the House

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Good.

Has Applicant Had Small Pox no Scarlet Fever no Measles no

Mumps no Whooping Cough no Spotted Fever no Diphtheria no.

What Church Shall Applicant Attend Lutheran.

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Rev. E. A. Hjortsvang, Bowbells, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. A. M. Limburg, Bowbells, N. D.

admitted 9/11/12
Left State June 1920
8 yrs in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 247

Sex Female Color White Nationality Norwegian Name Esther Myrtle Johnson.

Born May 3-1903 At Crawford twp. Ward Co. Age Last Birthday Residence Now Baden, N. D.

Admitted from what County Ward. Date Sept 11, 1912. Railway Station

Clothing and Transportation Paid By Parents. Supported By

Dropped out during holidays of 1912.

What is He Called at Home Esther. Give Full Name of Father Andrew Johnson Mother Marie Johnson

Nationality of Father Norwegian Mother Norwegian. Are Both Living Yes.

What is Father's Business or Profession Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent medium.

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Baden, N. D. Route 1.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Coulee, N. D. On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Ida, Monie, Alma, Julius, Iver, Esther, Clarence, Judith, Edwin Wilbur.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane not any, all healthy.

Or Partially So

Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no. Give Particulars

Was there any Blood Relation in the Parents Before Marriage no blood relation.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness I would not say; perhaps adenoids atitis media in infancy.

At What Age did Applicant Become Deaf always hard of hearing. If Born Deaf What do Parents Consider Cause not complete deafness. Watche heard 3 to 4 inches away.

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Loud talking.

Can He Speak any Words Distinctly yes.

Can He Read Words from the Motion of the Lips I dont know.

Have his Ears Been Especially Examined or Treated by and Aurist Yes, but not by specialist.

If so, With What Results

How do thhe Parents Talk with Him Talk louder than ordinary, that is all.

What Useful Things Can He do About the House almost anything about the house.

Has Applicant Sound Mind Yes, reasonably bright Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated yes. When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no Scarlet Fever no Measles yes

Mumps no Whooping Cough yes Spotted Fever " Diphtheria no.

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes, I believe they do.

Is His Father a Citizen of North Dakota yes.

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Iver C. J. Way, Kenmare, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. " " " "

Admitted: Sept 11, 1912; Dropped: Dec ~~17~~ 21, 1912; In school: 3 months 8 days.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 248

Sex Male Color White Nationality German Name Leslie Robert Strege.

Born Nov. 30, 1905 At Strege twp. Mc Henry Co. N.D. Age Last Birthday Residence Now Drake, N.D.

Admitted from what County Mc Henry. Date Sept 11, 1912 Railway Station

Clothing and Transportation Paid By Parents. Supported By

What is He Called at Home Leslie Give Full Name of Father Robert Strege Mother Emma Ella Strege.

Nationality of Father German Mother German Are Both Living Yes.

What is Father's Business or Profession Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent In fair circumstances but crippled by succession of crop failures.

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Yes. Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Drake, Mc Henry Co.

If they Live on a Farm give Description N.E. 1/4 sec. 25-152-76. On Rural Telephone

Name of Nearest Railroad Station Drake, N.D. On What Railway Soo Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Either mother or father

Name Applicants Brothers and Sisters—Oldest First none.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

None except a cousin of applicants' father.

Was there any Blood Relation in the Parents Before Marriage none.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever.

At What Age did Applicant Become Deaf 2 yr. 2 mo. If Born Deaf What do Parents Consider Cause Deafness not apparent until after illness mentioned

Has Applicant Attended School no. Where When How Long

What Sounds Can the Applicant Hear, If any Thunder or any jarring seems perceptible, but don't know whether he actually hears it

Can He Speak any Words Distinctly none

Can He Read Words from the Motion of the Lips Seems able to do so to a slight extent.

Have his Ears Been Especially Examined or Treated by and Aurist Yes.

If so, With What Results He derived no benefit therefrom.

How do thhe Parents Talk with Him By signs and lip reading to some extent.

What Useful Things Can He do About the House Little chores such as carrying in wood etc.

Has Applicant Sound Mind Yes.

Any Immoral Habits no

Tobacco Habit "

Good Health apparently good. Had heart trouble, but has improved co

~~Any Bodily Deformity~~ no

Any Contagious Disease no

Fits of Any Kind "

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Fairly good

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no.

What Church Shall Applicant Attend Lutheran.

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information F. J. Funke, Anamoose, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. H. M. Erenfeld. Anamoose, N. D.

admitted 9/10/12

Graduated June, 1924.

12 yrs. in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 749

Sex Female Color White Nationality German Name Martha Elsie Vogel.

Born Aug. 29, 1905 At Rock Lake, N. D. Age Last Birthday Residence Now Rock Lake, N. D.

Admitted from what County Date Sept. 11, 1912. Railway Station

Clothing and Transportation Paid By Supported By

Kept at home. States Attorney unable to compel her to come.

What is He Called at Home Elsie Give Full Name of Father Frederick Vogel Mother Hattie Vogel.

Nationality of Father German Mother German Are Both Living Yes.

What is Father's Business or Profession Farmer - renter

Is Father's Pecuniary Condition Indigent, Easy or Affluent Pretty hard up

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Rock Lake, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway Farmers Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Amanda, Ida, Hulda, Bertie, Fred, Lydia, Otto.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Hulda & Otto deaf.

Or Partially So Give Name and Cause in Each Case Cause not known.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives none Give Particulars

Was there any Blood Relation in the Parents Before Marriage none

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause unknown.

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none.

Can He Speak any Words Distinctly none

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House Hardly old enough.

Has Applicant Sound Mind Don't know Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever no Measles no

Mumps no Whooping Cough yes Spotted Fever " Diphtheria "

What Church Shall Applicant Attend German Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Fred Vogel, Hattie Vogel, Rock Lake, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Basford, Rock Lake, N. D.

admitted 9/11/12
Dropped June 1922
10 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 250

Sex Female Color White Nationality American Name Leaora May Price

Born April 30 - 1905 At Baden, N. D. Age Last Birthday Residence Now Baden, N. D.

Admitted from what County Date Sept. 11, 1912 Railway Station

Clothing and Transportation Paid By Parents Supported By

Returned home March 7, 1913.

What is He Called at Home Tiny Give Full Name of Father Edward Price Mother Clara Price

Nationality of Father American Mother American Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Baden, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Baden. On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Father or Mother

Name Applicants Brothers and Sisters—Oldest First John 6 yrs. Edna 4 yrs.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no, all are well

Or Partially So Give Name and Cause in Each Case no.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives none Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Caused by whooping cough.

At What Age did Applicant Become Deaf 18 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no. Where When How Long

What Sounds Can the Applicant Hear, If any a whistle or bell or music

Can He Speak any Words Distinctly yes.

Can He Read Words from the Motion of the Lips not many.

Have his Ears Been Especially Examined or Treated by and Aurist She was under care of the Mayo Drs. at Rochester.

If so, With What Results

How do thhe Parents Talk with Him As to the others.

What Useful Things Can He do About the House Help with home duties.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health rather delicate Any Bodily Deformity no

Any Contagious Disease no Nervous Trembling no

Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Good.

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes

Scarlet Fever no Measles no

Spotted Fever " Diphtheria "

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf Yes, as long as she is able to stand confinement.

Is His Father a Citizen of North Dakota yes.

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Mrs. Edward Price.

Give Here Name and Address of Applicant's Family Physician Dr. Mc Lean.

admitted 9/11/12
Dropped 1920.
3 yrs. in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 151

Sex Female Color White Nationality Bohemian Name Mabel Hellen Gelvro

Born Oct. 4, 1902 At 224 Plymouth Ave. Minneapolis Age Last Birthday Residence Now Lidgerwood, N. D.

Admitted from what County Richland Co. Date Sept 26-1912 Railway Station

Clothing and Transportation Paid By Parents Supported By Parents.

Mental complications - Dropped from the rolls 1922.

What is He Called at Home Mabel Give Full Name of Father Christ Gelvro Mother Christena Gelvro

Nationality of Father Bohemian Mother Bohemian Are Both Living Yes

What is Father's Business or Profession Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Lidgerwood, N. D. Richland Co.

If they Live on a Farm give Description Farm of 14 acres. north + on bank of Swan Lake. On Rural Telephone

Name of Nearest Railroad Station Lidgerwood. On What Railway G. N. & Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Edna, Raymond, Estella.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no. Give Particulars

Was there any Blood Relation in the Parents Before Marriage First Cousins.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Catarrhl deafness.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause First noticed at 18 months.

Has Applicant Attended School no. Where When How Long

What Sounds Can the Applicant Hear, If any all sharp sounds. Low sounds at times.

Can He Speak any Words Distinctly Yes, such as papa, mama, Stella, boy.

Can He Read Words from the Motion of the Lips no.

Have his Ears Been Especially Examined or Treated by and Aurist yes.

If so, With What Results Treating by advertised Drs. give best results.

How do thhe Parents Talk with Him motions

What Useful Things Can He do About the House wash dishes, sweep, churn, carry water + wood and all such little things.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated no When

What is the Condition of Eye Sight good.

Has Applicant Had Small Pox no

Mumps yes

Whooping Cough no

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend methodist.

Will Parents Give Him a Full Course in the School for Deaf yes, if we do not move out of State.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Mrs. Christ Gebro, Lidgerwood, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Shields, Lidgerwood, N.D. (This Dr. operated on her for adenoids and tonsils).

admitted 9/28/12
Dropped 1923
10 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 752

Sex male Color White Nationality German Name Jakob Morlock

Born Dec. 21, 1899 At Age Last Birthday Residence Now Gackle, N. D.

Admitted from what County Logan Co. Date Sept. 10, 1912 Railway Station

Clothing and Transportation Paid By Parents Supported By Parents

Dropped out.

What is He Called at Home Jakob Give Full Name of Father Karl Morlock Mother Eva Meyer Morlock

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Gackle, N. D. Logan Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Christian, Johann, Gottlieb, Kathie, Peter.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no.

Or Partially So Give Name and Cause in Each Case no.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Yes. Give Particulars Mother's sister deaf from scarlet fever.

Was there any Blood Relation in the Parents Before Marriage no.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet fever.

At What Age did Applicant Become Deaf 7th. 1903 If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Public school. When How Long

What Sounds Can the Applicant Hear, If any Heavy thundering.

Can He Speak any Words Distinctly Some words he learned in childhood.

Can He Read Words from the Motion of the Lips no; maybe some words.

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results without results.

How do thhe Parents Talk with Him motion

What Useful Things Can He do About the House Everything you tell him. He likes to do carpenter work.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight good.

Has Applicant Had Small Pox no

Mumps yes Whooping Cough no

Scarlet Fever yes

Spotted Fever no

Measles yes

Diphtheria no.

What Church Shall Applicant Attend German Lutheran.

Will Parents Give Him a Full Course in the School for Deaf Yes, he shall have a good education.

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Rev. H. Nagel, Streeter, N.D.

Give Here Name and Address of Applicant's Family Physician If we need a doctor we go to Gackle or Streeter.

admitted 9/10/12
Dropped 1918
6 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 253

Sex male Color white Nationality Norwegian Name Oscar Anderson.

Born Aug. 15-1905 At Walsh Co. Age Last Birthday seven. Residence Now Adams, N. D.

Admitted from what County Walsh Co. Date Oct 1, 1912. Railway Station

Clothing and Transportation Paid By Parents. Supported By Parents.

Married February 1926 - In Seattle Washington.

What is He Called at Home Oscar Give Full Name of Father Emil A. Anderson Mother norwegian.

Nationality of Father Norwegian Mother Josephine Anderson Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Quite easy.

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Adams, Walsh Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Adams. On What Railway Soo Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Olga, Gustave, Olaf, Emil, Oscar and Aldah.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Three brothers and sisters are deaf.

Or Partially So Give Name and Cause in Each Case Born deaf.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage Yes, I dont know which cousins.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no. Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him natural signs

What Useful Things Can He do About the House Too young to do anything about the house.

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated no When

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps no | Whooping Cough no | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Lutheran.

Will Parents Give Him a Full Course in the School for Deaf Yes.

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Gustave Anderson, Adams, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Haldorson, Park River, N. D.

admitted 10/1/12
Dropped 1923
11 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 254

Sex Female Color White Nationality German Name Katharine Theresa Kuntz.

Born July 14, 1905 At Bismarck, N. D. Age Last Birthday Residence Now Bismarck

Admitted from what County Date Nov. 4, 1912. Railway Station

Clothing and Transportation Paid By Parents Supported By

What is He Called at Home Katharine Give Full Name of Father Frank Kuntz Mother Susie Kuntz.

Nationality of Father German Mother German Are Both Living

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents If Not Why

With Whom Does He Live Mother.

Are Parents Both Living no Which is Dead Father Has a Second Marriage Taken Place no.

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Bismarck, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway Northern Pacific.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested

Name Applicants Brothers and Sisters—Oldest First Frank Kuntz.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins no

What Does the Doctor and Parents Give as Cause of the Deafness A fall on the back of her head.

At What Age did Applicant Become Deaf 20 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any all sounds.

Can He Speak any Words Distinctly not plain.

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House

Has Applicant Sound Mind very sound Good Health very good Any Bodily Deformity

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight

Has Applicant Had Small Pox Scarlet Fever Measles yes

Mumps Whooping Cough yes Spotted Fever Diphtheria

What Church Shall Applicant Attend C

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes, he was

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information Mrs. Frank Kuntz, Bismarck, N. D.

Give Here Name and Address of Applicant's Family Physician

admitted 11/4/12

Graduated June, 1924.
12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 255

Sex Male Color White Nationality Russian Name Mattie Frank.

Born _____ At Russia Age Last Birthday Residence Now Neche, N. D.

Admitted from what County Date Nov. 6, 1912. Railway Station

Clothing and Transportation Paid By Himself Supported By

Too old to remain in school.

What is He Called at Home Give Full Name of Father Unknown Mother Unknown.

Nationality of Father Russian Mother Russian Are Both Living Both dead

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents no If Not Why Both dead.

With Whom Does He Live

Are Parents Both Living No Which is Dead Both Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Neche, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway Great Northern.

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested He himself

Name Applicants Brothers and Sisters—Oldest First

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Head struck at 10 yrs. of age.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Devils Lake When several yrs. ago How Long 3 months.

What Sounds Can the Applicant Hear, If any Some sharp sounds.

Can He Speak any Words Distinctly Speaks good.

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist unknown.

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House a fair farm hand.

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox Scarlet Fever Measles

Mumps Whooping Cough Spotted Fever Diphtheria

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf no

Is His Father a Citizen of North Dakota

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information Ed. O' Rourke, Neche, N. Dakota.

Give Here Name and Address of Applicant's Family Physician

admitted 11/6/12
Dropped Too old 1914
2 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 256

Sex male Color white Nationality German Name Jakob Berreth

Born July 31, 1888 At Hoffnungsthal Russia Age Last Birthday Residence Now Dogden, N. D.

Admitted from what County McLean Co. Date Jan. 8, 1913. Railway Station

Clothing and Transportation Paid By Parents Supported By

Moved out of the state to Minnesota.

What is He Called at Home Jakob Give Full Name of Father Johan Berreth Mother Katrina Berreth

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Dogden, McLean Co.

If they Live on a Farm give Description N. E. 1/4 Sec. 10 T. 150 N. R. 78 W. On Rural Telephone

Name of Nearest Railroad Station Dogden On What Railway Soo -

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Father,

Name Applicants Brothers and Sisters—Oldest First Johan, Christina, Jakob, Lydia, Rudolph -

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane They are all right.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Do not know of anyone. Give Particulars

Was there any Blood Relation in the Parents Before Marriage No.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Typhoid fever was the cause. Had the fever when he was about five years old.

At What Age did Applicant Become Deaf 5 Yrs. If Born Deaf What do Parents Consider Cause But could hear for about a year afterwards.

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips — Read a few words and can read figures.

Have his Ears Been Especially Examined or Treated by and Aurist — no.

If so, With What Results

How do thhe Parents Talk with Him — motions

What Useful Things Can He do About the House — most anything.

Has Applicant Sound Mind — Yes.

Good Health — Yes

Any Bodily Deformity — no

Any Immoral Habits — Smokes cigarettes only

Any Contagious Disease — no

Nervous Trembling — no

Tobacco Habit — as above stated

Fits of Any Kind — "

Been Vaccinated — Yes When 10 yrs. ago.

What is the Condition of Eye Sight — good

Has Applicant Had Small Pox — no

Scarlet Fever — Yes

Measles — no

Mumps — no

Whooping Cough — no

Spotted Fever — no

Diphtheria — "

What Church Shall Applicant Attend — It makes no difference, but German Lutheran is their church.

Will Parents Give Him a Full Course in the School for Deaf — Yes, or at least two years.

Is His Father a Citizen of North Dakota — Yes.

Has the Father any Intention of Leaving the State Within a Year — no.

Give Name and Post Office Address of Person Furnishing this Information — W. L. Graham, Dogden, N.D.

Give Here Name and Address of Applicant's Family Physician — Dr. Geo. H. Coffin, Dogden, N.D.

admitted 1/3/13

Left State 6/1914

2 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 243 257

Sex male Color white Nationality Russian Name Waryl Pasitochnisk (Pashenyk Russian spelling)

Born Aug. 15 1896 At Age Last Birthday Residence Now

Admitted from what County Mc Lean Co. Date Jan. 31, 1913. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of State - In Minnesota

What is He Called at Home Waryl Give Full Name of Father John Pasitochnisk Mother Paraska Pasitochnisk.

Nationality of Father Russian Mother Russian Are Both Living yes

What is Father's Business or Profession Miner

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent.

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Wilton, N. D. Mc Lean Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Wilton. On What Railway Soo Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Will clothe him but cannot pay fare.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First applicant is oldest, Alexander, Annie, Peter; Tokia, Maryluna.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no. Give Particulars

Was there any Blood Relation in the Parents Before Marriage no.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Very sick when three years old.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause Do. not think he was born deaf.

Has Applicant Attended School Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly all right, you bet, mama, papa etc -

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results no result.

How do thhe Parents Talk with Him In ordinary way.

What Useful Things Can He do About the House can make himself generally useful.

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight good.

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps no | Whooping Cough yes | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Roman Catholic.

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Rev. Joseph Stroemel, Wilton, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Thompson, Wilton, N.D.

admitted 1/31/13
left State 1919
In school 7 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 758

Sex Female Color White Nationality German Name Emma Amelia Rathjen

Born Nov. 11, 1901 At Mercer Co, Hazen, N.D. Age Last Birthday Residence Now

Admitted from what County Date Feb. 13, 1913. Railway Station

Clothing and Transportation Paid By Supported By

Moved out of the state to Montana.

What is He Called at Home Emma Give Full Name of Father Christ Rathjen Mother Julia Hintz-Rathjen

Nationality of Father German from Russia Mother German. Are Both Living Yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent not very easy.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes. Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Ronda, N.D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Stanton, N.D. On What Railway Northern Pacific

Are the Parents to Clothe Applicant and Pay Traveling Expenses no

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First William, Albert, John, Randolf, Henry.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no.

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives not any. Give Particulars

Was there any Blood Relation in the Parents Before Marriage none at all.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness First noticed after a bad cold.

At What Age did Applicant Become Deaf 1 yr. 8½ mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School not yet. Where When How Long

What Sounds Can the Applicant Hear, If any At times when called by name.

Can He Speak any Words Distinctly Very seldom.

Can He Read Words from the Motion of the Lips At times.

Have his Ears Been Especially Examined or Treated by and Aurist Dr. Frovehlick, Hebron, N.D (1904)

If so, With What Results no results.

How do thhe Parents Talk with Him with loud speaking and signs.

What Useful Things Can He do About the House She is quite a help in household duties.

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated Yes When In 1909.

What is the Condition of Eye Sight Good.

Has Applicant Had Small Pox no | Scarlet Fever no | Measles Yes (1909)

Mumps no Whooping Cough no | Spotted Fever " | Diphtheria no.

What Church Shall Applicant Attend Ev. Lutheran -

Will Parents Give Him a Full Course in the School for Deaf Yes, if they are able to do so.

Is His Father a Citizen of North Dakota Yes.

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Rev. J. J. Fiertsch, Rondia, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Eastman, Krem, N.D.

admitted 2/13/13
Dropped 1921
7 yrs. in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 759

Sex male Color White Nationality Norwegian Name Arne Rickagd Gaasland

Born Jan. 11, 1907 At Barnes Co. N. Dak. Age Last Birthday Residence Now Litchville, N. D.

Admitted from what County Barnes Co. Date Sept. 16, 1913 Railway Station

Clothing and Transportation Paid By Parents. Supported By

What is He Called at Home Arne. Give Full Name of Father Peder O. Gaasland Mother Elizabeth Gaasland.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description N. E. 1/4 Sec. 13 T. 138, R. 61. On Rural Telephone

Name of Nearest Railroad Station Marion On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Any grown member of the family.

Name Applicants Brothers and Sisters—Oldest First Marten, Peder, Harold, Henry, Jennie

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Harold is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives none living. Give Particulars

Great grandfather on mother's side was deaf.

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins Second cousins.

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity no

Any Immoral Habits no — Any Contagious Disease no — Nervous Trembling no

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no — Scarlet Fever no — Measles no

Mumps no — Whooping Cough Yes — Spotted Fever " — Diphtheria "

What Church Shall Applicant Attend

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information P. O. Gaasland, Litchville, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. J. M. Stixrud, Litchville, N. D.

admitted 9/16/13

Graduated June, 1926.

In school 13 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 260

Sex Male Color White Nationality Norwegian Name George Harold Gaasland.

Born Nov. 29, 1904 At Barnes Co. N Dak. Age Last Birthday Residence Now Litchville, N. D.

Admitted from what County Barnes Co. Date Sept. 16, 1913 Railway Station

Clothing and Transportation Paid By Parents Supported By

What is He Called at Home Harold Give Full Name of Father Peder O. Gaasland Mother Elizabeth Gaasland.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes.

What is Father's Business or Profession Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description N. E. 1/4 of Sec. 13 T138 R. 61 On Rural Telephone

Name of Nearest Railroad Station Marion On What Railway N. P. Branch from Fargo to Marion

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Any grown member of the family.

Name Applicants Brothers and Sisters—Oldest First Martin, Peder, Arne, Hennry, Jennie.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Arne is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Yes, but not living. Give Particulars Great grandfather on the mother's side was deaf.

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins Second cousins.

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles yes

Mumps no Whooping Cough yes | Spotted Fever no | Diphtheria no

What Church Shall Applicant Attend

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Peder O. Gaasland, Litchville, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. J. M. Skivrud, Litchville, N. D.

admitted 9/16/13

Graduated June, 1925.

12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 242 . 261

Sex male Color White Nationality German Name mike mueller

Born June 9, 1902 At ~~Balgate~~, Minn. Age Last Birthday Residence Now Calio.

Admitted from what County Cavalier Co. Date Railway Station

Clothing and Transportation Paid By Parents Supported By

Dropped out. 1924.

What is He Called at Home mike Give Full Name of Father Nicklaus F. Mueller Mother Emma Mueller.

Nationality of Father German Mother German. Are Both Living Yes.

What is Father's Business or Profession machinist

Is Father's Pecuniary Condition Indigent, Easy or Affluent Affluent

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Calio, Cavalier Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Calio. On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First George, John, Gertie, Mary, Maggie, Hubert, Matt, Mike, Frances.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness from cramps & convulsions when an infant altho he might have been born deaf.

At What Age did Applicant Become Deaf Don't know If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes. Where When How Long 7 mo. & can write own name

What Sounds Can the Applicant Hear, If any can hear when talked to loud enough when he is aware of same.

Can He Speak any Words Distinctly Some.

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist no.

If so, With What Results

How do thhe Parents Talk with Him German

What Useful Things Can He do About the House Anything

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles Yes

Mumps no Whooping Cough no | Spotted Fever " | Diphtheria no

What Church Shall Applicant Attend Roman Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Calio, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Law, Munick, N.D.

admitted 9/16/19
Dropped June 1923
10 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 262

Sex Female Color White Nationality Norwegian Name Clara Dorothy Swenson

Born Mar. 9, 1897 At Hillsboro, N.D. Age Last Birthday Residence Now Hillsboro, N. D.

Admitted from what County Traill Co. Date Railway Station

Clothing and Transportation Paid By Parents Supported By

Went to oral school in the East - Office girl in Banking house in Chicago.

What is He Called at Home Dorothy Give Full Name of Father P. G. Swenson Mother Sophie Swenson.

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Attorney

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description Hillsboro, Traill Co. On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Harley Geo. Gladys Maria, Mildred -

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane none

Or Partially So Give Name and Cause in Each Case none

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives none Give Particulars

Was there any Blood Relation in the Parents Before Marriage no.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness not known

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause First noticed when 3 or 4 yrs. old -

Has Applicant Attended School Yes Where Hillsboro public schools When How Long Ten years -

What Sounds Can the Applicant Hear, If any most of sounds used in Eng. speech but not perfectly -

Can He Speak any Words Distinctly Yes, fairly so

Can He Read Words from the Motion of the Lips Some.

Have his Ears Been Especially Examined or Treated by and Aurist Yes, by a number of first class specialists.

If so, With What Results No beneficial results.

How do thhe Parents Talk with Him By word of mouth.

What Useful Things Can He do About the House Sewing and ordinary fancy work and house work.

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity no

Any Immoral Habits no — Any Contagious Disease no — Nervous Trembling no

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated " — When

What is the Condition of Eye Sight Good.

Has Applicant Had Small Pox no — Scarlet Fever no — Measles Yes

Mumps Yes — Whooping Cough Yes — Spotted Fever " — Diphtheria no

What Church Shall Applicant Attend No particular choice

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information P. G. Swenson.

Give Here Name and Address of Applicant's Family Physician C. C. Haagensen.

admitted 9/17/13
Dropped 1913

1 yr in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 263

Sex Female Color. White Nationality Dutch + Yankee Name Cara Belle Roberts

Born Wed. Feb. 8, 1895 At Age Last Birthday Residence Now Velva, N. D.

Admitted from what County Date Railway Station

Clothing and Transportation Paid By Supported By

What is He Called at Home Cara Give Full Name of Father Allen P. Roberts Mother Sarah Ellen Roberts.

Nationality of Father Dutch Mother Yankee Are Both Living no

What is Father's Business or Profession machinist

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents If Not Why

With Whom Does He Live mother + stepfather

Are Parents Both Living no Which is Dead Father Has a Second Marriage Taken Place yes.

If Parents are Dead or Do Not Support the Child, Who is Guardian Mr. + Mrs. Martin Slatten

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Velva On What Railway Soo.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested mother.

Name Applicants Brothers and Sisters—Oldest First Mrs. Effie Wilson, Charlie Roberts, Pearl Roberts, Elladie Roberts.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So no Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives not any Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness German measles.

At What Age did Applicant Become Deaf 1 yr. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Faribault, Minn When How Long

What Sounds Can the Applicant Hear, If any Dead sounds.

Can He Speak any Words Distinctly only what we have taught her.

Can He Read Words from the Motion of the Lips — Very few, such as names.

Have his Ears Been Especially Examined or Treated by and Aurist — She was treated by two different Specialists when first deaf.

If so, With What Results

How do thhe Parents Talk with Him — On fingers and signs.

What Useful Things Can He do About the House — Any housework, sewing or anything she is put to do. Is very bright.

Has Applicant Sound Mind — Very.

Any Immoral Habits — no

Tobacco Habit — "

Good Health — Takes cold very easily.

Any Contagious Disease — no

Fits of Any Kind — "

Any Bodily Deformity — no

Nervous Trembling — Very nervous all the time

Been Vaccinated — Yes When about 11 yrs. ago

What is the Condition of Eye Sight — Her eyes have always been good, but think she will soon need glasses.

Has Applicant Had Small Pox — no

Mumps — Yes Whooping Cough — yes

Scarlet Fever — no

Spotted Fever — no

Measles — yes

Diphtheria — no.

What Church Shall Applicant Attend — Presbyterian

Will Parents Give Him a Full Course in the School for Deaf — As far as we know now.

Is His Father a Citizen of North Dakota — Stepfather is.

Has the Father any Intention of Leaving the State Within a Year — not that we know of now.

Give Name and Post Office Address of Person Furnishing this Information — Velva, N. D.

Give Here Name and Address of Applicant's Family Physician — Dr. a. a. Ker, Velva, N. D.

admitted 9/17/13
Graduated June 10, 1918.
In school 4 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 264

Sex male Color White Nationality Irish Name Lyle Modean Hagerty

Born May 27, 1908 At Ramsey Co. Age Last Birthday Residence Now Tokio.

Admitted from what County Benson Date Sept. 17, 1913 Railway Station

Clothing and Transportation Paid By Parents Supported By

Moved out of the state to Minnesota 1923.

What is He Called at Home Lyle Give Full Name of Father William Hagerty Mother Marie Hagerty

Nationality of Father Irish American Mother Swedish Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Fair circumstances

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Tokio, Benson Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Tokio On What Railway G. N. Short line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested

Name Applicants Brothers and Sisters—Oldest First Clare Michael, Alice Rosanna, Eulalia & Inora

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Clare Michael born deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Born deaf

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Only very loud noises.

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist By local doctors.

If so, With What Results

How do thhe Parents Talk with Him natural signs.

What Useful Things Can He do About the House Little chores.

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever no Measles no

Mumps no Whooping Cough no Spotted Fever " Diphtheria "

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Marie Hagerty.

Give Here Name and Address of Applicant's Family Physician Dr. McGurren, Devils Lake.

admitted 9/17/13
Sent home 1923
7 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 265

Sex Male Color White Nationality Irish Name Clare Michael Hagerty.

Born Mar. 1, 1907 At Ramsey Co. Age Last Birthday Residence Now Tokio

Admitted from what County Benson Co. Date Sept. 17, 1912 Railway Station

Clothing and Transportation Paid By Supported By

Moved to Minnesota, 1923.

What is He Called at Home Clare. Give Full Name of Father Wm. Michael Mother Marie Hagerty.

Nationality of Father Irish American Mother Swedish Are Both Living Yes

What is Father's Business or Profession Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent Fair circumstances.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes. Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Tokio, Benson Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Tokio. On What Railway G. N. Short Line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Lyle Modean, Alice Rosanna, Eulalie & Inora.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Lyle Modean deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None. Give Particulars

Was there any Blood Relation in the Parents Before Marriage no.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Born deaf.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no, Where When How Long

What Sounds Can the Applicant Hear, If any Very loud noises.

Can He Speak any Words Distinctly Baby.

Can He Read Words from the Motion of the Lips Baby.

Have his Ears Been Especially Examined or Treated by and Aurist By local doctors.

If so, With What Results

How do thhe Parents Talk with Him natural signs.

What Useful Things Can He do About the House Little chores.

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit " Fits of Any Kind " Been Vaccinated " When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever no Measles no

Mumps no Whooping Cough no Spotted Fever " Diphtheria "

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Marie Hagerty.

Give Here Name and Address of Applicant's Family Physician Dr. McGurren, Devils Lake.

admitted 9/17/13
Left State 1923
8 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 266

Sex Male Color White Nationality Danish Name Rudolph Valdemar Peterson

Born July 6, 1907 At Callender, Iowa. Age Last Birthday Residence Now Bowbells, N. D.

Admitted from what County Burke Co. Date Sept. 17, 1913 Railway Station

Clothing and Transportation Paid By Parents. Supported By

Moved to Minnesota.

What is He Called at Home Rudolph Give Full Name of Father Hans Peterson Mother Anna Peterson

Nationality of Father Dane Mother Dane Are Both Living Yes.

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent moderate conditions.

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Bowbells, Burke Co. Route 3 #13

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Bowbells, N. D. On What Railway Soo line.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Anna, Henry, Caroline, Emil, Lena, Bernhard, Arthur -

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane Arthur is deaf.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Rudolphs grandfather had a brother who had a deaf son.

Was there any Blood Relation in the Parents Before Marriage Yes.

If so, Were they First, Second, Third or Fourth Cousins First cousins.

What Does the Doctor and Parents Give as Cause of the Deafness Know none.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause Born deaf.

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him By signs

What Useful Things Can He do About the House

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " | When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps no | Whooping Cough no | Spotted Fever " | Diphtheria "

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Rev. E. A. Hjortsvang, Bowbells, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. A. M. Limburg, Bowbells, N.D.

admitted 9/17/13
Left State 1920
7 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 767

Sex Female Color White Nationality Canadian Am. Name Verna May Welsh

Born Sept 17, 1904 At Langdon, N. D. Age Last Birthday Residence Now Langdon, N. D.

Admitted from what County Cavalier Co. Date Sept. 17, 1912 Railway Station

Clothing and Transportation Paid By Parents. Supported By

What is He Called at Home Verna Give Full Name of Father Geo. W. Welsh Mother Laura Welsh

Nationality of Father Canadian Mother American Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Fair

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Langdon, Cavalier Co.

If they Live on a Farm give Description 10 miles N.E. Langdon. On Rural Telephone

Name of Nearest Railroad Station Langdon. On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Morris, Raymond, Hubert, Frances, Harold -

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No -

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No, Give Particulars

Was there any Blood Relation in the Parents Before Marriage None.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever complications -

At What Age did Applicant Become Deaf 7 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where When 2 yrs. ago How Long Few months before her sickness -

What Sounds Can the Applicant Hear, If any Piano + Thunder -

Can He Speak any Words Distinctly Yes.

Can He Read Words from the Motion of the Lips — no

Have his Ears Been Especially Examined or Treated by and Aurist — For some months at a time, extending over two years.

If so, With What Results — no results.

How do thhe Parents Talk with Him — Signs

What Useful Things Can He do About the House — wash dishes, sweep, dust etc -

Has Applicant Sound Mind — Yes, was very bright — Good Health — Yes — Any Bodily Deformity — no

Any Immoral Habits — no — Any Contagious Disease — no — Nervous Trembling — no

Tobacco Habit — " — Fits of Any Kind — " — Been Vaccinated — " — When

What is the Condition of Eye Sight — Good

Has Applicant Had Small Pox — no — Scarlet Fever — yes — Measles — yes

Mumps — no — Whooping Cough — no — Spotted Fever — no — Diphtheria — no

What Church Shall Applicant Attend — Methodist or Presbyterian.

Will Parents Give Him a Full Course in the School for Deaf — yes

Is His Father a Citizen of North Dakota — yes

Has the Father any Intention of Leaving the State Within a Year — no

Give Name and Post Office Address of Person Furnishing this Information — W. W. Mc Queen, Langdon, N. D.

Give Here Name and Address of Applicant's Family Physician — W. W. McQueen. " "

admitted 9/17/13

Graduated June, 1926.

13 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 268

Sex Female Color White Nationality American Name Bernice Edna Alexander

Born Dec. 4, 1895 At Sullivan Co. Missouri Age Last Birthday Residence Now Edmunds, N. D.

Admitted from what County Stutsman Co. Date Sept. 23, 1913 Railway Station

Clothing and Transportation Paid By Parents Supported By

Moved out of the state June 14, 1918.

What is He Called at Home Bernice Give Full Name of Father John B. Alexander Mother Katie E. Alexander.

Nationality of Father American Mother American Are Both Living Yes.

What is Father's Business or Profession Farmer.

Is Father's Pecuniary Condition Indigent, Easy or Affluent Moderate circumstances.

Does Applicant Live With Parents Yes. If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Edmunds, Stutsman Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Edmunds On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents.

Name Applicants Brothers and Sisters—Oldest First Blanche, June, Evelyn, John.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane No.

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No. Give Particulars

Was there any Blood Relation in the Parents Before Marriage No.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness measles.

At What Age did Applicant Become Deaf 16 mo. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Nebraska When How Long 10 ½ yrs.

What Sounds Can the Applicant Hear, If any A bell or any sharp sound.

Can He Speak any Words Distinctly Yes.

Can He Read Words from the Motion of the Lips Some.

Have his Ears Been Especially Examined or Treated by and Aurist Yes.

If so, With What Results No hopes were given for her recovery.

How do thhe Parents Talk with Him Sometimes talk and spell on hands.

What Useful Things Can He do About the House Iron, sew, make beds, sweep and many other things.

Has Applicant Sound Mind Yes

Any Immoral Habits no

Tobacco Habit "

Good Health Yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated Yes When Last winter.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox Yes

Mumps Yes Whooping Cough yes

Scarlet Fever no

Spotted Fever no

Measles Yes

Diphtheria no.

What Church Shall Applicant Attend Any church except Catholic or Episcopal

Will Parents Give Him a Full Course in the School for Deaf Yes.

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No.

Give Name and Post Office Address of Person Furnishing this Information Katie Alexander, Edmunds, N. D.

Give Here Name and Address of Applicant's Family Physician

admitted 9/23/13
Left State 1916
3 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 255 269

Sex male Color White Nationality Norwegian Name Roy Lavand Skrinseth.

Born May 19, 1904 At Buxton, N. D. Age Last Birthday Residence Now Buxton, N. D.

Admitted from what County Traill Co. Date Sept. 17, 1913 Railway Station

Clothing and Transportation Paid By Parents Supported By

What is He Called at Home Roy Give Full Name of Father B. L. Skrinseth Mother Mary J. Skrinseth

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Buxton, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested father or mother

Name Applicants Brothers and Sisters—Oldest First Arthur, Alfred, Benhor, Alvera, Dora, Myrtle, Ruth, Mildred.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So no Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Scarlet Fever.

At What Age did Applicant Become Deaf 3 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results

How do thhe Parents Talk with Him Signs

What Useful Things Can He do About the House Everything

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit " | Fits of Any Kind " | Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no | Scarlet Fever yes | Measles no

Mumps no | Whooping Cough no | Spotted Fever no | Diphtheria yes

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information A. A. Knutson, Buxton, N.D.

Give Here Name and Address of Applicant's Family Physician A. A. Knutson, Buxton, N.D.

admitted 9/17/13
Graduated June, 1925.
12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 270

Sex male Color White Nationality English & German Name Forrest Reid

Born July 15, 1907 At Cando, N. D. Age Last Birthday Residence Now Cando.

Admitted from what County Towner. Date Sept. 17, 1913 Railway Station

Clothing and Transportation Paid By Supported By

Discharged 1922 for stealing

What is He Called at Home Forrest Give Full Name of Father Paul Reid Mother Ida Reid

Nationality of Father German Mother English Are Both Living Yes

What is Father's Business or Profession Laborer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Leo, Fay, Sadie, Ophelia, Ruth, Jennie, Forrest, Paul.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Born deaf, nerve being dead.

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause Don't know.

Has Applicant Attended School no. Where When How Long

What Sounds Can the Applicant Hear, If any Whistle

Can He Speak any Words Distinctly no.

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist Dr. Lamont

If so, With What Results

How do thhe Parents Talk with Him Sign

What Useful Things Can He do About the House

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit | Fits of Any Kind | Been Vaccinated | When

What is the Condition of Eye Sight good.

Has Applicant Had Small Pox | Scarlet Fever | Measles yes

Mumps | Whooping Cough yes | Spotted Fever | Diphtheria

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Cando, N. D. Box 97 3.

Give Here Name and Address of Applicant's Family Physician Dr. Harris, Cando.

admitted 9/17/13
Sent home in 1924
10 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 257 271

Sex Female Color white Nationality Russian German Name Magdalena Krein

Born July 25, 1890 At Hosmer, S. D. Age Last Birthday Residence Now Antelope, N. D.

Admitted from what County Stark Co. Date Sept. 18, 1903 Railway Station

Clothing and Transportation Paid By Supported By

Dropped from the rolls June 30, 1915.

What is He Called at Home Magdalena Give Full Name of Father Micheal Krein Mother Elizabeth Krein

Nationality of Father Russian German Mother Russian German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description Antelope, N. D. Stark Co. 480 acres On Rural Telephone

Name of Nearest Railroad Station Antelope On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Jacob, Christina, Magdalena, Christian, John, Ida, Edward, Emma

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane no

Or Partially So Give Name and Cause in Each Case no

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Paralysis at birth

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any Thunder - Children crying Father and mother.

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results no result.

How do thhe Parents Talk with Him Showing by motions with hands.

What Useful Things Can He do About the House Wash, iron, some cooking and general housework.

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity no

Any Immoral Habits no — Any Contagious Disease no — Nervous Trembling no

Tobacco Habit " — Fits of Any Kind " — Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no — Scarlet Fever Yes — Measles Yes

Mumps No — Whooping Cough Yes — Spotted Fever no — Diphtheria no

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf no

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Antelope, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Furman, Richardton, N. D.

admitted 9/19/13
Dropped June 30, 1915
2 yrs. in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 272

Sex male Color white Nationality German Name George Weigstein

Born June 20, 1901 At Mandan, N.D. Age Last Birthday 12 Residence Now Mandan, N.D

Admitted from what County Morton Date Now Sept 18, 1913 Railway Station Mandan

Clothing and Transportation Paid By Supported By parents

What is He Called at Home George Give Full Name of Father Adam Weigstein Mother Madelina Weigstein

Nationality of Father German Mother German Are Both Living yes

What is Father's Business or Profession Plumber

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live parents

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place no

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Mandan, Morton Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Mandan On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested parents

Name Applicants Brothers and Sisters—Oldest First John, Elizabeth, Chris, William, Eva, Frank, George, Emma Joseph and Adam

Are Any Brothers or Sisters or Relatives Deaf no Blind no Idiotic no Insane no

Or Partially So no Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness caused by a fall he received at the age of 3 years.

At What Age did Applicant Become Deaf 3 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any clock ticking

Can He Speak any Words Distinctly he can name his brothers & sisters distinctly

Can He Read Words from the Motion of the Lips yes

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results

How do thhe Parents Talk with Him by a little speech

What Useful Things Can He do About the House anything

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit no

Good Health yes

Any Contagious Disease no

Fits of Any Kind no

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated yes When 1902

What is the Condition of Eye Sight good

Has Applicant Had Small Pox yes

Mumps no

Whooping Cough no

Scarlet Fever no

Spotted Fever no

Measles yes

Diphtheria no

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Eva Wolfstein, Mandan, N.D.

Give Here Name and Address of Applicant's Family Physician

admitted 9/18/13
Graduated June, 1925.
12 yrs. in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 273

Sex Female Color white Nationality Scandinavian Name Inga Marguerite Iverson.

Born Feb. 16, 1905 At N. Dakota Age Last Birthday Residence Now Esmond, N. D.

Admitted from what County Benson Co. Date Sept, 17, 1913 Railway Station

Clothing and Transportation Paid By Parents. Supported By Parents.

What is He Called at Home Inga Give Full Name of Father Iver Iverson Mother Birgit Iverson.

Nationality of Father Scandinavian Mother Scandinavian. Are Both Living no.

What is Father's Business or Profession Farming.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents with Mother. If Not Why

With Whom Does He Live

Are Parents Both Living no. Which is Dead Father. Has a Second Marriage Taken Place no.

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Esmond, N. D. Benson Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station 12 mi. away. On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes.

Who Will Take Applicant Home in Vacation—or When Requested mother

Name Applicants Brothers and Sisters—Oldest First Ingvald, Gertie, Olena, Henry, Clara, Thea, Emma & Inga.

Are Any Brothers or Sisters or Relatives Deaf Blind Idiotic Insane

Or Partially So Gertie and Henry. Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no. Give Particulars

Was there any Blood Relation in the Parents Before Marriage no.

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf Birth If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly She can say papa.

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist no.

If so, With What Results

How do thhe Parents Talk with Him By signs.

What Useful Things Can He do About the House

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit "

Good Health yes

Any Contagious Disease no

Fits of Any Kind "

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated " When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox no

Mumps no Whooping Cough yes.

Scarlet Fever no

Spotted Fever "

Measles no

Diphtheria "

What Church Shall Applicant Attend Lutheran.

Will Parents Give Him a Full Course in the School for Deaf yes.

Is His Father a Citizen of North Dakota yes.

Has the Father any Intention of Leaving the State Within a Year no.

Give Name and Post Office Address of Person Furnishing this Information Mrs. Birgit Iverson, Esmond, N.D. R.F.D. no 4.

Give Here Name and Address of Applicant's Family Physician

admitted 9/17/13
Graduated June, 1925.

12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 2633 274

Sex Male Color white Nationality Name Daniel Alpheus Reynolds

Born Oct. 13, 1904 At Indiana Age Last Birthday Residence Now Rolla, N. Dak.

Admitted from what County Rolette Date Sept. 15, 1913 Railway Station Rolla

Clothing and Transportation Paid By Parents Supported By Parents

Died at our hospital, 1920-21 - H. B. McClure Superintendent. Pd. March 1921.

What is He Called at Home Dannie Give Full Name of Father James Reynolds Mother Hulda Reynolds

Nationality of Father Mother Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live parents

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place no

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Rolla, Rolette Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Rolla On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested parents

Name Applicants Brothers and Sisters—Oldest First Lucile, Daniel, Wayne, Eva

Are Any Brothers or Sisters or Relatives Deaf no Blind no Idiotic no Insane no

Or Partially So no Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness whooping cough

At What Age did Applicant Become Deaf 3 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any speech

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him speech & motion

What Useful Things Can He do About the House assists father outside.

Has Applicant Sound Mind yes

Any Immoral Habits no

Tobacco Habit no

Good Health fair

Any Contagious Disease no

Fits of Any Kind no

Any Bodily Deformity no

Nervous Trembling no

Been Vaccinated no When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no

Mumps yes Whooping Cough yes

Scarlet Fever no

Spotted Fever no

Measles no

Diphtheria no

What Church Shall Applicant Attend methodist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Hulda Reynolds, Rolla, N. Dak.

Give Here Name and Address of Applicant's Family Physician

admitted 9/18/13

Died at school 1921

8 yrs. School

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 275

Sex Female Color white Nationality Scandinavian Name Tilda M. Olson

Born May 2, 1901 At Barrie Twsp. N.D. Age Last Birthday Residence Now Kindred, N. Dak.

Admitted from what County Cass Date Oct. 20, 1913 Railway Station Kindred

Clothing and Transportation Paid By parents Supported By parents

Dropped out. 1923.

What is He Called at Home Tilda Give Full Name of Father Martin J. Olson Mother Mary Olson

Nationality of Father Scandinavian Mother Scandinavian Are Both Living yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live parents

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place no

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Martin J. Olson, Kindred, N.D., Cass Co.

If they Live on a Farm give Description E½ - SE ¼ - 12 - 136 - 51 On Rural Telephone

Name of Nearest Railroad Station Kindred On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested parents

Name Applicants Brothers and Sisters—Oldest First Jens, & Melva

Are Any Brothers or Sisters or Relatives Deaf no Blind no Idiotic no Insane no

Or Partially So no Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives yes Give Particulars father has four deaf cousins.

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Catarrh

At What Age did Applicant Become Deaf 2 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where Richland Co When How Long 1 term

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly yes

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results none

How do thhe Parents Talk with Him signs

What Useful Things Can He do About the House most anything

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling no

Tobacco Habit no | Fits of Any Kind no | Been Vaccinated no When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles yes

Mumps yes | Whooping Cough no | Spotted Fever no | Diphtheria no

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information Martin J. Olson, Kindred, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. H. Haugen, Kindred, N.D.

admitted 9/20/13
Dropped 1923
9 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 262 276

Sex Female Color white Nationality Norwegian Name Beatrice Beverly Olson

Born Feb 20, 1905 At De Lamere N. D Age Last Birthday Residence Now Wyndmere, N.D.

Admitted from what County Richland Date Oct 2, 1913 Railway Station Wyndmere, N. D.

Clothing and Transportation Paid By Parents Supported By Parents

Made no progress. Dropped from rolls 1926.

What is He Called at Home Beatrice Give Full Name of Father John L. Olson Mother Helga Olson

Nationality of Father Norwegian Mother Norwegian Are Both Living yes

What is Father's Business or Profession Grain Buyer

Is Father's Pecuniary Condition Indigent, Easy or Affluent easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live parents

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place no

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Wyndmere, Richland Co.,

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Wyndmere On What Railway Soo & N. C.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested parents

Name Applicants Brothers and Sisters—Oldest First Alice, Beatrice, Richard, Kenneth.

Are Any Brothers or Sisters or Relatives Deaf no Blind no Idiotic no Insane no

Or Partially So no Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Brain Fever

At What Age did Applicant Become Deaf 10 mos. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any vibrations

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips from her mother's

Have his Ears Been Especially Examined or Treated by and Aurist yes

If so, With What Results physician said the nerves of hearing were dead.

How do thhe Parents Talk with Him speaking & motioning

What Useful Things Can He do About the House

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit no Fits of Any Kind no Been Vaccinated no When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever no Measles no

Mumps no Whooping Cough no Spotted Fever no Diphtheria no

What Church Shall Applicant Attend Lutheran or Presbyterian

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information John L. Olson, Wyndmere, N.D.

Give Here Name and Address of Applicant's Family Physician K. W. Wilder, Wyndmere, N.D.

admitted 10/2/13
Dropped in 1916
13 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 277

Sex male Color white Nationality American Name Lewis Alphens Wisler

Born Jan. 5, 1905 At Harper Co., Kansas Age Last Birthday Residence Now Zion N.D.

Admitted from what County Towner Date Sept. 17, 1913 Railway Station Zion N.D.

Clothing and Transportation Paid By parents Supported By parents

What is He Called at Home Alphens Give Full Name of Father Leander E. Wisler Mother Bertha Wisler

Nationality of Father American Mother Are Both Living

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent easy

Does Applicant Live With Parents yes If Not Why

With Whom Does He Live parents

Are Parents Both Living yes Which is Dead Has a Second Marriage Taken Place no

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Canks, N.D. Towner Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Canks On What Railway G. N.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested parents

Name Applicants Brothers and Sisters—Oldest First Dwight, Lillian, Virginia, Alphens, Reva, & Curtis

Are Any Brothers or Sisters or Relatives Deaf / Blind no Idiotic no Insane no

Or Partially So no Give Name and Cause in Each Case Reva is deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins no

What Does the Doctor and Parents Give as Cause of the Deafness lack of nerve power

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School no Where When How Long

What Sounds Can the Applicant Hear, If any shrill noise, thunder

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips no

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him signs

What Useful Things Can He do About the House Chores and run errands

Has Applicant Sound Mind yes Good Health yes Any Bodily Deformity no

Any Immoral Habits no Any Contagious Disease no Nervous Trembling no

Tobacco Habit no Fits of Any Kind no Been Vaccinated no When

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no Scarlet Fever yes Measles no

Mumps no Whooping Cough yes Spotted Fever no Diphtheria no

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota yes

Has the Father any Intention of Leaving the State Within a Year no

Give Name and Post Office Address of Person Furnishing this Information L. E., & B. J. Wrolen, Zion, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Harris, Cando, N.D.

admitted 10/17/13
Graduated June, 1926.
12 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 278

Sex Female Color white Nationality Hungarian Name Pauline Michlitsch

Born Nov. 3, 1886 At Walla, Hungaria Age Last Birthday 28 Residence Now Fort Rice, N.D.

Admitted from what County Morton Date Nov. 25, 1913 Railway Station Gwynther

Clothing and Transportation Paid By Steve Koppy Supported By Steve Koppy

Dropped from the rolls June 30, 1915.

What is He Called at Home Pauline Give Full Name of Father Frank Michlitsch Mother Frances Michlitsch

Nationality of Father Hungarian Mother Hungarian Are Both Living no

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent unknown

Does Applicant Live With Parents no If Not Why parents are dead

With Whom Does He Live with brother-in-law & sister

Are Parents Both Living no Which is Dead both Has a Second Marriage Taken Place no

If Parents are Dead or Do Not Support the Child, Who is Guardian Fred W. Smith

Post Office Address of Parent or Guardian and County Fort Rice, Morton Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Gwynther On What Railway N. P.

Are the Parents to Clothe Applicant and Pay Traveling Expenses yes

Who Will Take Applicant Home in Vacation—or When Requested Steve Koppy

Name Applicants Brothers and Sisters—Oldest First Elizabeth Koppy

Are Any Brothers or Sisters or Relatives Deaf no Blind no Idiotic no Insane no

Or Partially So no Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives no Give Particulars

Was there any Blood Relation in the Parents Before Marriage no

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness caused by a fall received at the age of 3 years.

At What Age did Applicant Become Deaf 3 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School yes Where at Faribault When 1903 How Long 1 year

What Sounds Can the Applicant Hear, If any none

Can He Speak any Words Distinctly no

Can He Read Words from the Motion of the Lips partly

Have his Ears Been Especially Examined or Treated by and Aurist no

If so, With What Results

How do thhe Parents Talk with Him with fingers & motions

What Useful Things Can He do About the House general housework

Has Applicant Sound Mind yes | Good Health yes | Any Bodily Deformity no

Any Immoral Habits no | Any Contagious Disease no | Nervous Trembling yes, when angry

Tobacco Habit no | Fits of Any Kind no | Been Vaccinated yes When 1902

What is the Condition of Eye Sight good

Has Applicant Had Small Pox no | Scarlet Fever no | Measles no

Mumps no | Whooping Cough yes | Spotted Fever no | Diphtheria no

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf yes

Is His Father a Citizen of North Dakota no, father is dead

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information Steve Koffey, Fort Rice, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. Krantz, Mandan N.D.

admitted 11/28/13
Dropped in 1915
2 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 279

Sex Male Color White Nationality German Name ~~John~~ John Artes

Born Sept 18, 1907 At Russia Age Last Birthday Residence Now Lakota, N. D.

Admitted from what County Nelson Date Oct 20, 1914 Railway Station Lakota

Clothing and Transportation Paid By Father Supported By Father

Dropped from rolls.

What is He Called at Home Johan Give Full Name of Father August Artes Mother Katherina Artes

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Painter

Is Father's Pecuniary Condition Indigent, Easy or Affluent Very poor

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Lakota, Nelson County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Lakota On What Railway G. N. Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None Give Particulars

Was there any Blood Relation in the Parents Before Marriage None whatever

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 3 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly None

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

Doctor says that if treated he would regain hearing

How do thhe Parents Talk with Him By signs

What Useful Things Can He do About the House Helps his mother around house. Quite willing & able

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity None

Any Immoral Habits No | Any Contagious Disease None | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated Yes | When six mo. ago

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox No | Scarlet Fever No | Measles Yes

Mumps No | Whooping Cough No | Spotted Fever No | Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota No

Has the Father any Intention of Leaving the State Within a Year No, her is here to stay

Give Name and Post Office Address of Person Furnishing this Information O. J. Iverson, County Supt. of Schools, Nelson County, Lakota, N. Dak.

Give Here Name and Address of Applicant's Family Physician None

admitted 10/20/14
Dropped 1917
4 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 280

Sex Male Color White Nationality German Name Emmanuel Elhard

Born Apr. 28, 1907 At Jud, N. Dak Age Last Birthday Residence Now Jud, N. Dak

Admitted from what County La Moure Date Oct 20, 1914 Railway Station Jud

Clothing and Transportation Paid By Father Supported By Father

Ill with diabites - Died October 26, 1926.

What is He Called at Home Emmanuel Give Full Name of Father John Elhard Mother Maria Elhard

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents If Not Why

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Jud, La Moure County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Jud On What Railway Northern Pacific

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Gotlieb, George, otto, John, (Emmanuel) Albert & Robert

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case George is deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Has never been examined

At What Age did Applicant Become Deaf Born deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Stamping of feet & pounding of hammer

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips Seems to understand members of family

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him Motioning of the hands

What Useful Things Can He do About the House Carry fuel, water, etc

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity Fingers cut off right hand

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated No — When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No — Scarlet Fever No — Measles No

Mumps No — Whooping Cough No — Spotted Fever No — Diphtheria No

What Church Shall Applicant Attend Parents don't care

Will Parents Give Him a Full Course in the School for Deaf Intend to leave him there until he is 15 yrs old.

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information G. J. Sperling, Jud, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. C. J. Mauklein

admitted 10/20/14
Sent home in 1923
9 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 281

Sex Male Color White Nationality Name Hugh Allen Matthews

Born Jan. 14, 1897 At Lake Benton, Minn. Age Last Birthday Residence Now Kulm, N. Dak.

Admitted from what County La Moure Date Oct 20, 1914 Railway Station Kulm

Clothing and Transportation Paid By Father Supported By Father

Moved to Minnesota June 6, 1916.

What is He Called at Home Hugh Give Full Name of Father Grant Matthews Mother Grace Marian Matthews

Nationality of Father American Mother American Are Both Living Yes

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent Main Buyer — Working on salary

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Kulm, La Moure County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Kulm On What Railway Soo Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Vera May, Helen Lucretia, Alice Grace, Manuel B, Marjorie L. & Doris M. & Duane K.

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage None

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Abscess in head when young

At What Age did Applicant Become Deaf 1 or 2 yrs. If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Faribault, Minn When How Long Since Sept. 1905.

What Sounds Can the Applicant Hear, If any Very loud — like a gun

Can He Speak any Words Distinctly Not very — some pretty good

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes, when about two years. Abscesses were stopped

If so, With What Results

How do thhe Parents Talk with Him Lips & signs

What Useful Things Can He do About the House almost anything

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated Yes When About 4 yrs ago

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox No Scarlet Fever No Measles Yes

Mumps Not sure Whooping Cough don't know Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Any Protestant church

Will Parents Give Him a Full Course in the School for Deaf They do — if possible

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Grant Matthews, Kulm, N. D.

Give Here Name and Address of Applicant's Family Physician Have none in particular

admitted 10/20/14
left State June 1916
2 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 282

Sex Female Color White Nationality Irish-Canadian Name Edith Lois McAllen

Born Aug. 3, 1907 At Minneapolis, Minn Age Last Birthday Residence Now Minot, N. D.

Admitted from what County Ward Date Oct 20, 1914 Railway Station Minot

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Edith Give Full Name of Father William John McAllen Mother Susie M. McAllen

Nationality of Father Irish Mother Canadian Are Both Living Yes

What is Father's Business or Profession Traveling salesman

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Minot, Ward County

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station — On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father or mother

Name Applicants Brothers and Sisters—Oldest First Samuel, Winnifred & Paul

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness The nerve of the ears were killed by fever brought on by Bronchitis

At What Age did Applicant Become Deaf 1½ yrs If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Not any

Can He Speak any Words Distinctly Papa

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist Have been examined by several physicians

If so, With What Results

How do thhe Parents Talk with Him Speech & Motions

What Useful Things Can He do About the House Not very much as the older ones do any helping that is needed

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity No

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated No — When ———

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No — Scarlet Fever No — Measles Yes

Mumps No — Whooping Cough Yes — Spotted Fever No — Diphtheria Yes

What Church Shall Applicant Attend Methodist

Will Parents Give Him a Full Course in the School for Deaf Yes — Should we leave the state would send her to another school like this

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Mrs. W. J. McAllen, c/o First Ave., S.E. Minot, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. J. D. Neulone, Minot, N. D.

admitted 10/20/14

Graduated June 5, 1928.
in school 14 years.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 283

Sex Male Color White Nationality Norwegian Name Henry Conrad Guam

Born Feb. 9, 1904 At Nelson Co., N. Dak. Age Last Birthday Residence Now Hamar, N. Dak.

Admitted from what County Nelson Date Oct 20, 1914 Railway Station Hamar

Clothing and Transportation Paid By Father Supported By Father

Reached his mental limit. Dropped 1922.

What is He Called at Home Henry Give Full Name of Father John A. Guam Mother Chandia Guam

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian,

Post Office Address of Parent or Guardian and County Hamar, Nelson County

If they Live on a Farm give Description Sec. 19. Range 60, Township 150 On Rural Telephone

Name of Nearest Railroad Station Hamar On What Railway G. N. Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Julia, Ida, Anna & Alma

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Spinal Meningitis

At What Age did Applicant Become Deaf 3 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Can hear a little

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist Yes. by Bellay Shaeunacher, Fargo, N.D.

If so, With What Results

How do thhe Parents Talk with Him Speech & signs

What Useful Things Can He do About the House Ordinary work

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity No

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox | Scarlet Fever | Measles

Mumps | Whooping Cough | Spotted Fever | Diphtheria

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information A. E. Anderson, Tolna, N. Dak.

Give Here Name and Address of Applicant's Family Physician

admitted 10/20/14
Dropped Spring 1923
9 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 284

Sex Male Color White Nationality American Name Edward Clarence Volland

Born June 23, 1908 At Fargo, N. D. Age Last Birthday Residence Now Fargo, N. D.

Admitted from what County Cass County Date Oct 20, 1914 Railway Station Fargo.

Clothing and Transportation Paid By Mrs. E. L. Officer Supported By Mrs. E. L. Officer

Moved to California.

What is He Called at Home Buddy Give Full Name of Father Arthur Volland Mother Edna Elizabeth Volland

Nationality of Father German Mother American Are Both Living Yes

What is Father's Business or Profession Not known now

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents No If Not Why Parents have separated.

With Whom Does He Live Grandparents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian Mrs. E. L. Officer

Post Office Address of Parent or Guardian and County Fargo, Cass Co.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Fargo On What Railway N. P. G. N. & Milwaukee

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested Mrs. E. L. Officer

Name Applicants Brothers and Sisters—Oldest First Has none

Are Any Brothers or Sisters or Relatives Deaf No Blind Idiotic Insane

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Not that we know of Give Particulars

Was there any Blood Relation in the Parents Before Marriage None

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Do not know

At What Age did Applicant Become Deaf Unknown If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Some times seems to hear some. Then again seems totally deaf

Can He Speak any Words Distinctly Yes some — as mama & papa.

Can He Read Words from the Motion of the Lips Seems to

Have his Ears Been Especially Examined or Treated by and Aurist Examined by Dr. Campbell, Fargo, N.D.

If so, With What Results

How do thhe Parents Talk with Him Speech & signs

What Useful Things Can He do About the House anything any child would do at his age

Has Applicant Sound Mind Seems to have Good Health Yes Any Bodily Deformity None

Any Immoral Habits None Any Contagious Disease None Nervous Trembling None

Tobacco Habit Fits of Any Kind No Been Vaccinated No When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox Scarlet Fever Measles

Mumps Yes Whooping Cough Think so Spotted Fever Diphtheria

What Church Shall Applicant Attend Methodist

Will Parents Give Him a Full Course in the School for Deaf If he needs it

Is His Father a Citizen of North Dakota Not now

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information Mrs. E. V. Offner, 1173 — 8th St., So., Fargo, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Dallander, Fargo.

admitted 10/20/14
Dropped in 1921
7 years in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 285

Sex Female Color White Nationality German Name Annie Myra Donner

Born March 11, 1899 At Giedt, N. Dak. Age Last Birthday Residence Now Wishek

Admitted from what County Mc Intosh Date Nov 16, 1914 Railway Station Wishek

Clothing and Transportation Paid By Father Supported By Father

Dropped from rolls June 30, 1915 on account of poor health.

What is He Called at Home Annie Give Full Name of Father Theo. Donner, Sr., Mother Anna H. Donner

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Well off

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Wishek, Mc Intosh County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Wishek On What Railway Soo Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Theodore, Emanuel, Pauline, Henry, Lydia, Matilda & Walter

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Yes Give Name and Cause in Each Case Pauline, Lydia & Matilda

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None living Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Congenital

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Near home When At age of six yrs. How Long

What Sounds Can the Applicant Hear, If any Music, noise, whistle, band, etc

Can He Speak any Words Distinctly Only simple words

Can He Read Words from the Motion of the Lips Some times

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him They have to talk close to her

What Useful Things Can He do About the House Sewing & light housework

Has Applicant Sound Mind Yes | Good Health No | Any Bodily Deformity No

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated No | When —

What is the Condition of Eye Sight Excellent

Has Applicant Had Small Pox No | Scarlet Fever No | Measles At age of eight yr.

Mumps No | Whooping Cough Last winter | Spotted Fever No | Diphtheria No

Has heart trouble & rheumatism

What Church Shall Applicant Attend Lutheran (Evangelical)

Will Parents Give Him a Full Course in the School for Deaf

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Pauline J. Donner, Danzig, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. George Grant, Wishek, N. Dak. & Dr. W. A. Rodenstab, Bismarck, N. Dak.

admitted 11/16/14
Dropped June 1915
1 Yr. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 286

Sex Female Color White Nationality German Name Katherine Hafforth

Born Jan 18, 1894 At Russia Age Last Birthday Residence Now Esmond,

Admitted from what County Pierce Date Nov 29, 1914 Railway Station Esmond

Clothing and Transportation Paid By Father Supported By Father

Dropped from rolls June 13, 1917.

What is He Called at Home Katie Give Full Name of Father Vincent Hafforth Mother Barbara Hafforth

Nationality of Father German-Russian Mother German-Russian Are Both Living Yes

What is Father's Business or Profession

Is Father's Pecuniary Condition Indigent, Easy or Affluent Farmer, In easy circumstances

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Esmond, Pierce County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Fillmore On What Railway Soo Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Regina, (Katherine) Vincent, Frank, Nathan & Magdaline

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case Magdaline is deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None Give Particulars

Was there any Blood Relation in the Parents Before Marriage None

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Catarrah

At What Age did Applicant Become Deaf 2 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any Can hear when talked to in a loud tone

Can He Speak any Words Distinctly Yes, speaks some German

Can He Read Words from the Motion of the Lips Some

Have his Ears Been Especially Examined or Treated by and Aurist By a doctor at Minot, N.D.

If so, With What Results Helped her catarrh but not her hearing.

How do thhe Parents Talk with Him By word of mouth

What Useful Things Can He do About the House Work, Sew and everything

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit No

Good Health Generally good

Any Contagious Disease No

Fits of Any Kind No

Any Bodily Deformity No

Nervous Trembling No

Been Vaccinated Yes When 15 yrs. ag

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No

Mumps Not certain

Whooping Cough Yes

Scarlet Fever No

Spotted Fever No

Measles Ye

Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information The father & mother, Esmond, N.D.

Give Here Name and Address of Applicant's Family Physician

Admitted: Nov 29, 1914; Dropped: June 30, 1917; In School: 3 yr. Poor health

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 287

Sex Male Color White Nationality Norwegian Name Henry Halter

Born May 6, 1906 At Age Last Birthday Residence Now Stanley

Admitted from what County Montrail Date Jan 5, 1915 Railway Station Stanley

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Henry Give Full Name of Father Martin Halter Mother Christina Halter

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Stanley, Montrail County

If they Live on a Farm give Description N.E. quarter, Sec 25, Township 155, Range 91 On Rural Telephone

Name of Nearest Railroad Station Stanley On What Railway G. N. Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Kenneth

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Spinal Meningitis

At What Age did Applicant Become Deaf 7 yrs, 4 mos If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where When How Long 5 or 6 months

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him

What Useful Things Can He do About the House

Has Applicant Sound Mind | Good Health | Any Bodily Deformity

Any Immoral Habits | Any Contagious Disease | Nervous Trembling

Tobacco Habit | Fits of Any Kind | Been Vaccinated | When

What is the Condition of Eye Sight

Has Applicant Had Small Pox | Scarlet Fever | Measles

Mumps | Whooping Cough | Spotted Fever | Diphtheria

What Church Shall Applicant Attend

Will Parents Give Him a Full Course in the School for Deaf

Is His Father a Citizen of North Dakota

Has the Father any Intention of Leaving the State Within a Year

Give Name and Post Office Address of Person Furnishing this Information

Give Here Name and Address of Applicant's Family Physician

admitted 1/5/15
Graduated June, 1925. - ad. to college
11 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 284

Sex Female Color White Nationality Norwegian Name Aldah Anderson

Born March 21, '08 At Adams Age Last Birthday Residence Now Adams, N. Dak

Admitted from what County Walsh Date Sept. 21, 1915 Railway Station Adams

Clothing and Transportation Paid By Father Supported By Father

Stayed home in 1925 to assist her aged parents.

What is He Called at Home Aldah Give Full Name of Father Emil A. Anderson Mother Josephine Anderson

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Pretty easy

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Adams, Walsh County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Adams On What Railway Soo Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Olga, Gustave, deaf, Emil & Oscar

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case Olga, Gustave, Emil & Oscar

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Congenital

At What Age did Applicant Become Deaf Born Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results

How do thhe Parents Talk with Him By using natural signs

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit Fits of Any Kind No Been Vaccinated When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Olga Anderson, School for Deaf, Devils Lake

Give Here Name and Address of Applicant's Family Physician Dr. Nelson, Adams, Walsh County, N. Dak.

admitted 9/21/15
Dropped in 1925
10 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 289

Sex Female Color White Nationality Hungarian Name Barbara Reigitsch

Born Feb. 6, 1906 At Richardton, N. D. Age Last Birthday Residence Now Hebron, N. Dak.

Admitted from what County Morton Date Sept 21, 1915 Railway Station Hebron

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Barbara Give Full Name of Father Paul Reigitsch Mother Anna Reigitsch

Nationality of Father Hungarian Mother Hungarian Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent In fair circumstances

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Hebron, Morton County, N. D.

If they Live on a Farm give Description (Sec 1 — 141 — 91 (Farm in Dunn County) On Rural Telephone

Name of Nearest Railroad Station Hebron On What Railway Northern Pacific

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents, if requested to do so.

Name Applicants Brothers and Sisters—Oldest First Elizabeth, Jacob, Marie, Anna & Katherine

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Caused from illness

At What Age did Applicant Become Deaf 2 yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where When How Long About 14 months

What Sounds Can the Applicant Hear, If any Extraordinary sounds

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Some

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him In ordinary manner but child unable to understand

What Useful Things Can He do About the House Anything in line of housework not too heavy for child of her age

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated Never When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes. Naturalized

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information C. E. Funk, Hebron, N. Dak.

Give Here Name and Address of Applicant's Family Physician Rev. A. F. X. Schierbaum, Hebron, N. Dak.

admitted 9/21/15

Graduated June 4, 1929
14 years in school

Grad. June, 1919.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 290

Sex Female Color White Nationality American Name Orra M. Tinyon

Born March 23, '96 At Steele, N. D. Age Last Birthday Residence Now Steele, N. D.

Admitted from what County Kidder Date Sept. 21, 1915 Railway Station Steele

Clothing and Transportation Paid By Father Supported By Father

Married to Emil A. Anderson in Dec. 1921. Not a proper subject for this school.

What is He Called at Home Orra Give Full Name of Father Kelley N. Tinyon Mother Jane E. Tinyon

Nationality of Father American Mother American Are Both Living No

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living No Which is Dead Mother Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Steele, Kidder County, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Steele On What Railway Northern Pacific

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First None

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Measles

At What Age did Applicant Become Deaf 7 years If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Yes Where When How Long

What Sounds Can the Applicant Hear, If any Yes

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results

How do thhe Parents Talk with Him By the lips

What Useful Things Can He do About the House All kinds of housework & cooking

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling Yes

Tobacco Habit No Fits of Any Kind No Been Vaccinated When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles Yes

Mumps No Whooping Cough Yes Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Ora M. Tingon, Steele, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Lodge, Steele

admitted 9/2/15
Graduated June 1919
4 years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 491

Sex Male Color White Nationality English. Name Elmer Milo Nase

Born June 4, 1901 At Cedar Ville, Ill Age Last Birthday Residence Now Dazey, N. Dak.

Admitted from what County Barnes Date Sept 21, 1915 Railway Station Dazey

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Elmer Give Full Name of Father George D. Nase Mother Hanna Mary Nase

Nationality of Father English Mother English Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Dazey, N. Dak. Barnes County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Dazey On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Mother

Name Applicants Brothers and Sisters—Oldest First Charles, Alma, Domer & Elmer (applicant)

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause Unable to talk since birth

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Hearing fair — Unable to talk

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him In regular ways

What Useful Things Can He do About the House All kinds of work & chores about house & barn.

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity No

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling Yes

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated Yes — When 5 yrs ago

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No — Scarlet Fever No — Measles Yes

Mumps No — Whooping Cough No — Spotted Fever No — Diphtheria No

What Church Shall Applicant Attend M. E. Church

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Dr. H. J. Nolte, Dagey, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Nolte, Dagey, N. D.

Admitted: Sept 21, 1915: Dropped: Dec 15, 1915; In school: 4 mo.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 292

Sex Female Color White Nationality Name Alice Louise Nicholson

Born Sept 11, 1907 At Lawton, N. D. Age Last Birthday Residence Now Lawton, N. D.

Admitted from what County Ramsey Date Railway Station Lawton

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Alice Give Full Name of Father Edward B. Nicholson Mother Olive Nicholson

Nationality of Father English-Canadian Mother German-American Are Both Living Yes

What is Father's Business or Profession Physician

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Lawton, Ramsey County, N. Dak.

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station Lawton On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Lola (15 mos. old)

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So — Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Meningitis - caused by erysipelas of face

At What Age did Applicant Become Deaf 5 yrs, 7 mos If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Yes Where When How Long 3 mos.

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results Center of hearing is destroyed

How do thhe Parents Talk with Him Talk & signs

What Useful Things Can He do About the House Too young

Has occasional attacks of meningitis

Has Applicant Sound Mind Yes | Good Health | Any Bodily Deformity Lame — from effects of club foot

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated No | When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No | Scarlet Fever No | Measles Yes

Mumps No | Whooping Cough Yes | Spotted Fever No | Diphtheria No

What Church Shall Applicant Attend Episcopal

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information E. J. Nicholson, Lawton, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. R. M. Fox, Edmore, N. D.

admitted 9/21/15

Graduated June 4, 1929

14 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 293

Sex Male Color White Nationality American Name Volney Charles Wheeler

Born Oct 22, 1905 At Dell Grove Minn Age Last Birthday Residence Now Berthold, N. D.

Admitted from what County Ward Date Sept 21, 1915 Railway Station Berthold

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Charles Give Full Name of Father Volney P. Wheeler Mother Mary Etta Wheeler

Nationality of Father American Mother American Are Both Living Yes

What is Father's Business or Profession Common working man, easy

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Berthold, Ward County, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Berthold On What Railway Great Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Mostly

Who Will Take Applicant Home in Vacation—or When Requested The parents

Name Applicants Brothers and Sisters—Oldest First Margaret Vivian, Sheldon Lyman

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None at all that we know of. Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No blood relation at all

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Enlarged tonsils & lighting shock

At What Age did Applicant Become Deaf 4 yrs If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Yes Where Wood Lake, Minn. & Berthold, N. Dak. When How Long 4 yrs ~~at~~ 2 yrs at each place

What Sounds Can the Applicant Hear, If any Loud sounds near by

Can He Speak any Words Distinctly Yes, learned to talk before he became deaf.

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist No, only tonsils removed by physician's advice

If so, With What Results

How do thhe Parents Talk with Him By ordinary (loud) conversation

What Useful Things Can He do About the House Most any light work any girl his age can do. — Wash dishes, sweep, dust, etc.

Has Applicant Sound Mind We think so. Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated Yes When 3 yrs ago.

What is the Condition of Eye Sight Good as far as we know

Has Applicant Had Small Pox No Scarlet Fever Yes, very light Measles Yes, just recently

Mumps Yes, very light Whooping Cough Yes Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Methodist Episcopal

Will Parents Give Him a Full Course in the School for Deaf Yes, if the faculty thinks it advisable

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Mary Etta Wheeler, Berthold, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. Hillis, Berthold, N. Dak.

admitted 9/21/15

Graduated June, 1925.

10 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Grad. May 31, 1927.

Admission No. 2294

Sex Female Color White Nationality American Name Reva Wisler

Born July 5, 1908 At Harper Co, Kansas Age Last Birthday Residence Now Zion

Admitted from what County Towner Date Sept 21, 1915 Railway Station Rondo

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Reva Give Full Name of Father Leander E. Wisler Mother Bertha J. Wisler

Nationality of Father American Mother American Are Both Living

What is Father's Business or Profession Farming

Is Father's Pecuniary Condition Indigent, Easy or Affluent Not wealthy but plenty

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live

Are Parents Both Living Yes Which is Dead Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Zion, Towner County, N. Dak.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Rondo On What Railway Great Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Her parents

Name Applicants Brothers and Sisters—Oldest First Dewight, Lillian, Virginia, Alpheus (Reva) & Curtis

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case Alpheus is deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Our family physician that it was lack of nerve power

1½ years old

At What Age did Applicant Become Deaf 1 ½ yrs If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where When How Long

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results ———

How do thhe Parents Talk with Him By Motion

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit

Good Health Yes

Any Contagious Disease No

Fits of Any Kind No

Any Bodily Deformity No

Nervous Trembling No

Been Vaccinated No When ———

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No

Mumps No Whooping Cough No

Scarlet Fever Yes

Spotted Fever No

Measles No

Diphtheria No

What Church Shall Applicant Attend Baptist

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information L. E. & B. J. Wisler, Zion, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Harris, Rando, N. Dak.

admitted 9/21/15
Graduated May 31 - 1927
12 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 1295

Sex Male Color White Nationality Name Frank Worlik

Born Dec 17, 1903 At Age Last Birthday Residence Now Dalio, N. D.

Admitted from what County Davalier Date Sept 21, 1915 Railway Station Dalio

Clothing and Transportation Paid By Father Supported By Father

Reached his mental limit. Dropped from rolls 1923.

What is He Called at Home Frankie Give Full Name of Father Wenzel Worlik Mother Mary Worlik

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farming

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Dalio, Davalier County

If they Live on a Farm give Description One mile north of Dalio On Rural Telephone

Name of Nearest Railroad Station Dalio On What Railway Soo Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Father

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Anna

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No. Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Born that way

At What Age did Applicant Become Deaf Born If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where Dist School When How Long 3 years

What Sounds Can the Applicant Hear, If any All, if you get used to him

Can He Speak any Words Distinctly Some

Can He Read Words from the Motion of the Lips —

Have his Ears Been Especially Examined or Treated by and Aurist

If so, With What Results

How do thhe Parents Talk with Him Orally

What Useful Things Can He do About the House Anything that can be done at his age

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity None

Any Immoral Habits Not any known — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated No — When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No — Scarlet Fever No — Measles No

Mumps Yes — Whooping Cough No — Spotted Fever No — Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes.

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Prof. J. M. Baakes, Galis, N. D.

Give Here Name and Address of Applicant's Family Physician Have none

admitted 9/21/15
Dropped in 1922 - Mental Limit
In school 7 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 288 296

Sex Female Color White Nationality American Name Zelda Katherine Bird

Born Dec 22, 1907 At Age Last Birthday Residence Now Grand Forks, N. Dak

Admitted from what County Grand Forks Date Sept 22, 1915 Railway Station Grand Forks

Clothing and Transportation Paid By Father Supported By Father

Too ill to return after Easter vacation 1927 Returned to school Sept 1928. Did not return again Sept 1930 - too old.

What is He Called at Home Zelda Give Full Name of Father William H. Bird Mother Henrietta M. Bird

Nationality of Father Irish Mother Scotch & German Are Both Living Yes

What is Father's Business or Profession Real Estate Dealer — Easy

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Grand Forks, Grand Forks County

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station Grand Forks On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Her parents

Name Applicants Brothers and Sisters—Oldest First Veneniea, Aletha, Marion, Vincent & James

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Injury to the nerve of hearing caused by high fever when she had measles and pneumonia

At What Age did Applicant Become Deaf 18 mos If Born Deaf What do Parents Consider Cause

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Very sharp loud sounds

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results No medicine or operation would benefit her — Good health may restore the nerve.

How do thhe Parents Talk with Him By words — having her watch the speaker and some motions

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No | Scarlet Fever Yes | Measles Yes

Mumps No | Whooping Cough No | Spotted Fever No | Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information W. H. Bird, 807 North 5th St., Grand Forks, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. R. D. Campbell, Grand Forks, N.D.

admitted 9/22/15
Dropped in 1930 - Mental Limit
11 Years in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 283 191

Sex Female Color White Nationality Jewish Name Esther Cohen

Born Sept 16, 1907 At Grand Forks Age Last Birthday Residence Now Grand Forks

Admitted from what County Grand Forks Date Sept 17, 1915 Railway Station " "

Clothing and Transportation Paid By Father Supported By Father

Moved to St. Paul, Minnesota 1926.

What is He Called at Home Esther Give Full Name of Father Myer Cohen Mother Bessie Cohen

Nationality of Father Jewish Mother Jewish Are Both Living Yes

What is Father's Business or Profession Furrier

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Grand Forks, Grand Forks County

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station Grand Forks On What Railway Great Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Mother or father

Name Applicants Brothers and Sisters—Oldest First None

Are Any Brothers or Sisters or Relatives Deaf — Blind — Idiotic — Insane —

Or Partially So — Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None Give Particulars —

Was there any Blood Relation in the Parents Before Marriage None

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Born that way

At What Age did Applicant Become Deaf Born deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where When How Long 3 or 4 months

What Sounds Can the Applicant Hear, If any Very loud sounds

Can He Speak any Words Distinctly A few

Can He Read Words from the Motion of the Lips She can

Have his Ears Been Especially Examined or Treated by and Aurist Examined but needed no treating

If so, With What Results

How do thhe Parents Talk with Him By talking & motions

What Useful Things Can He do About the House

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When

What is the Condition of Eye Sight Good as far as we know

Has Applicant Had Small Pox No Scarlet Fever No Measles Yes

Mumps No Whooping Cough Yes Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Any church

Will Parents Give Him a Full Course in the School for Deaf Not certain

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Nigel Gohens

Give Here Name and Address of Applicant's Family Physician Dr. R. D. Campbell, Grand Forks, N. D.

admitted 9/22/15
Left State 1926
11 yrs. in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 284 298

Sex Female Color White Nationality American Name Edith Dorothea Jones

Born Jan 25, 1908 At Jamestown Age Last Birthday Residence Now Jamestown

Admitted from what County Stutsman Date Sept 21, 1915 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Edith Give Full Name of Father Percy Henry Jones Mother Louise Whyte Jones

Nationality of Father Welsh Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Locomotive engineer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Raymond

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Catarrah & adenoids or undeveloped auditory nerve

At What Age did Applicant Become Deaf Under one year, if not born deaf If Born Deaf What do Parents Consider Cause Cause unknown

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly Mamma & papa. Note: While she says mamma and papa quite frequently and distinctly, it is without any apparent knowledge of the meaning. She also makes various other sounds and tries very hard to talk.

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results Adenoids removed, no results

How do thhe Parents Talk with Him Talk in addition to motions

What Useful Things Can He do About the House Most anything that a child of her age might be expected to do

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf Yes, so for as we know at present time

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information P. H. Jones, Jamestown, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. W. A. Gerrish, Jamestown, N. Dak.

ad. 9/22/15

Graduated June 5, 1928.

12 yrs. in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 285 299

Sex Female Color White Nationality American Name Lillian Mae Byrd

Born Omaha, Neb. At. Age Last Birthday Residence Now Fargo

Admitted from what County Cass County Date Oct 23, 1915 Railway Station

Clothing and Transportation Paid By Mother Supported By Mother

Dropped from rolls June 14, 1916.

What is He Called at Home Lillian Give Full Name of Father Alfred Byrd Mother Lottie Stevenson Byrd

Nationality of Father American Mother American Are Both Living No

What is Father's (mother's) Business or Profession — Agent for German-American Life Ins. Company

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living No Which is Dead Father Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian Mother

Post Office Address of Parent or Guardian and County —

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station — On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Mother

Name Applicants Brothers and Sisters—Oldest First Only child

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Born deaf - but hears out of right ear

At What Age did Applicant Become Deaf Born deaf If Born Deaf What do Parents Consider Cause Do not know

Has Applicant Attended School Yes Where When How Long

About four years in public schools - 2 yrs. in Harvard, Neb., & 2 yrs at Omaha. 3 yrs School for Deaf, Omaha.

What Sounds Can the Applicant Hear, If any Hears everything

Can He Speak any Words Distinctly Talks well

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes, at Rochester, Minn., with Drs. Mayo

If so, With What Results

How do thhe Parents Talk with Him Talk

What Useful Things Can He do About the House Everything

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity No

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated Yes — When 1914

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No — Scarlet Fever No — Measles Yes

Mumps No — Whooping Cough Yes — Spotted Fever No — Diphtheria No

Chisken-pox - Yes

What Church Shall Applicant Attend Methodist

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota No — mother has moved here

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Mrs. Lattie Bysel, Fargo, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. Steiner

Admitted: Oct 23, 1915; Dropped: June 14, 1916; In school: 1 yr.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Grad. May 31, 1927.

Admission No. 286 300

Sex Female Color White Nationality German-Russian Name Katie Miltenberger

Born Feb 28, 1908 At Towner Age Last Birthday Residence Now Towner, "

Admitted from what County McHenry Date Nov, 1, 1915 Railway Station

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Katie Give Full Name of Father Joseph Miltenberger Mother Johanna Miltenberger

Nationality of Father German-Russian, Mother German-Russian Are Both Living Yes

What is Father's Business or Profession Laborer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Not indigent but very poor

Does Applicant Live With Parents Yes If Not Why

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County —

If they Live on a Farm give Description — On Rural Telephone —

Name of Nearest Railroad Station — On What Railway —

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Her father

Name Applicants Brothers and Sisters—Oldest First Jac, (Katie) Annie, Anton & Mike

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Nothing matter with any of other children

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No relationship whatever

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Had attack of pneumonia when ten months old that caused it. Noticed it when about 4 year old.

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Never. Where — When — How Long —

What Sounds Can the Applicant Hear, If any Can hear any loud talking or noise

Can He Speak any Words Distinctly Does not speak any words.

Can He Read Words from the Motion of the Lips Not sure whether she can.

Have his Ears Been Especially Examined or Treated by and Aurist By Dr. McDonnell of Minot about a year ago.

If so, With What Results

How do thhe Parents Talk with Him By very loud talk and signs.

What Useful Things Can He do About the House Helps her mother with little tasks around the house

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity None

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated Not sure When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever Yes — light attack Measles Yes

Mumps Yes Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Roman Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Albert Weber, Sawner, N. Dak.

Give Here Name and Address of Applicant's Family Physician Dr. O. S. Craise, Sawner, N. Dak.

Admitted: 11/1/15
Graduated: May 1927
In school: 12 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF
DEVILS LAKE

Admission No. 287 301

Sex Female Color White Nationality American Name Hazel May Richards

Born Nov 22, 1905 At Ashley Age Last Birthday Residence Now Ashley,

Admitted from what County McIntosh Date Nov 5, 1915 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

No mother. Difficult to enroll - Needed at home.

What is He Called at Home Hazel Give Full Name of Father Albert A. Richards Mother Winnifred Eva Richards

Nationality of Father American Mother American Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Moderate means

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County —

If they Live on a Farm give Description — On Rural Telephone —

Name of Nearest Railroad Station — On What Railway —

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Will be decided later

Name Applicants Brothers and Sisters—Oldest First Frank Richards, Kenneth Richards & Lee Richards

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Yes Give Particulars Mother's sister is deaf

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Not known

At What Age did Applicant Become Deaf Considered born deaf If Born Deaf What do Parents Consider Cause Not known

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Any moderately loud noise

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist . Nothing more than examined

If so, With What Results

How do thhe Parents Talk with Him By signs & motions

What Useful Things Can He do About the House Sweep, wash dishes, make small beds, tend baby, etc

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity No

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated No — When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox slight touch — Scarlet Fever No — Measles Yes

Mumps No — Whooping Cough No — Spotted Fever No — Diphtheria Not known for sure

What Church Shall Applicant Attend Christian Science

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Albert Alanson Richards, Ashley, N.D.

Give Here Name and Address of Applicant's Family Physician Dr. Mauerstein, Ashley, N.D.

Admitted 11/5/15
Dropped 1925
In school: 9 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 288 302

Sex Male Color White Nationality Dane Name Alton Leroy Johnson

Born Aug 6, 1904 At Dodge Co., Minn. Age Last Birthday Residence Now Fortuna, N.D.

Admitted from what County Divide Date Dec. 2, 1915 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

Discharged 1923.

What is He Called at Home Alton Give Full Name of Father Anton Johnson Mother Elizabeth Edith Johnson

Nationality of Father Dane Mother Dane Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Fair

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Fortuna, Divide County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Fortuna On What Railway Soo Ry

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Victor A., Ralph M., & Mona L

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case His sister Mona is deaf.

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars No

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf Born Deaf If Born Deaf What do Parents Consider Cause Inherited

Has Applicant Attended School Yes Where School for Deaf, When How Long Three years

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly Some

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results Nothing can be done

How do thhe Parents Talk with Him Talk & motion

What Useful Things Can He do About the House He can do anything around the farm — chores and so on

Has Applicant Sound Mind Yes

Any Immoral Habits No

Tobacco Habit No

Good Health Yes

Any Contagious Disease No

Fits of Any Kind No

Any Bodily Deformity No

Nervous Trembling No

Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No

Mumps Yes Whooping Cough Yes

Scarlet Fever No

Spotted Fever No

Measles Yes

Diphtheria Had the germs but did not get sick

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Anton Johnson, Fortuna, N. D.

Give Here Name and Address of Applicant's Family Physician A. L. Baker, Kassoon, Minn.

Admitted: 12/2/15
Discharged 1923
In school: 8 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 289 303

Sex Female Color White Nationality Dane Name Mona Leona Johnson

Born May 31, 1903 At Dodge Co., Minn Age Last Birthday — Residence Now Fortuna, N. D.

Admitted from what County Divide Date Dec. 5, 1915 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

Discharged 1923.

What is He Called at Home Mona Give Full Name of Father Anton Johnson Mother Elizabeth Edith Johnson

Nationality of Father Dane Mother Dane Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Fair

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live Parents

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Fortuna, Divide County

If they Live on a Farm give Description Five miles north of Fortuna On Rural Telephone

Name of Nearest Railroad Station Fortuna On What Railway Soo Ry

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Victor A, Anton, & Ralph

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case Anton is deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf If Born Deaf What do Parents Consider Cause

Has Applicant Attended School Yes Where School for Deaf, Faribault When How Long Three years

What Sounds Can the Applicant Hear, If any

Can He Speak any Words Distinctly Some

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results None

How do thhe Parents Talk with Him Talking & motions

What Useful Things Can He do About the House She can do most any household work

Has Applicant Sound Mind Yes

Good Health Yes

Any Bodily Deformity No

Any Immoral Habits No

Any Contagious Disease No

Nervous Trembling No

Tobacco Habit No

Fits of Any Kind No

Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No

Scarlet Fever No

Measles Yes

Mumps Yes

Whooping Cough Yes

Spotted Fever No

Diphtheria Had the germs but was not sick

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Anton Johnson, Fortuna, N.D.

Give Here Name and Address of Applicant's Family Physician A. L. Baker, Kassen, Minn.

Admitted: 12/2/15
Discharged: 1924
In school: 9 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 304

Sex Female Color White Nationality Norwegian Name Myrtle Jeanette Steffarud

Born Nov. 28, 1908 At Moorhead, Minn. Age Last Birthday Residence Now Fargo, N. Dak.

Admitted from what County Cass Date Sept. 13, 1916 Railway Station Gt. Northern

Clothing and Transportation Paid By Father Supported By Father

Remained at home 1923-26. Has ill.

What is He Called at Home Myrtle Give Full Name of Father Emil H. Steffarud Mother Rhoda Alson Steffarud

Nationality of Father Norwegian Mother Norwegian Are Both Living Yes

What is Father's Business or Profession Shipping Clerk

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Fargo, Cass

If they Live on a Farm give Description — On Rural Telephone —

Name of Nearest Railroad Station — On What Railway —

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Her parents

Name Applicants Brothers and Sisters—Oldest First Byron

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage None whatever

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Probably measles when three weeks old.

At What Age did Applicant Become Deaf Not known If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Never Where — When — How Long —

What Sounds Can the Applicant Hear, If any Stamping feet — Loud noise

Can He Speak any Words Distinctly Yes A few.

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results None

How do thhe Parents Talk with Him make motions

What Useful Things Can He do About the House Too young to do very much but is willing

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity None

Any Immoral Habits None Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated Yes When Two weeks ago

What is the Condition of Eye Sight Very good

Has Applicant Had Small Pox No Scarlet Fever No Measles Yes

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Mrs. E. H. Steffarud, 1004 - 14th St., North, Fargo

Give Here Name and Address of Applicant's Family Physician Dr. C. N. Callander, Fargo, N. Dak.

admitted: 9/13/16
Dropped: 1925
In school: 8 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 291 305

Sex Female Color White Nationality French Name Marie Bourassa

Born Nov. 31, 1910 At St. John, N. D. Age Last Birthday Residence Now St. John,

Admitted from what County Rolette Date Sept. 13, 1916 Railway Station St. John

Clothing and Transportation Paid By Father Supported By Father

Sent to a Catholic School in 1925.

What is He Called at Home Marie Give Full Name of Father Geo. H. Bourassa Mother Eugenie Bourassa

Nationality of Father French Mother French Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Pretty well standing

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County St. John, N. D.

If they Live on a Farm give Description — On Rural Telephone —

Name of Nearest Railroad Station — On What Railway —

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First

Eugene, Hector, Oliver, Victorine, Admelia, Bella, (Marie)

Victorine is deaf

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So — Give Name and Cause in Each Case Victorine is deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins First cousins,

What Does the Doctor and Parents Give as Cause of the Deafness Parents being cousins

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause Parents being cousins

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Whistle

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him By signs

What Useful Things Can He do About the House Everything

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight First class

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

The applicant has never been sick.

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information G. N. Bourassa, St. John, N. D.

Give Here Name and Address of Applicant's Family Physician B. D. Verrat, Rolla, N. D.

Admitted 9/13/16
Sent to Catholic school end of term 1925
In school 9 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 2306

Sex Male Color White Nationality Scotch-Irish Name Claude Raymond Mitchell

Born Apr. 23, 1904 At Denbigh, N.D. Age Last Birthday Residence Now Inkster, N.D.

Admitted from what County Grand Forks Date Railway Station " "

Clothing and Transportation Paid By Father Supported By ~~Pat.~~ Father

Dropped from the rolls in 1923.

What is He Called at Home Claude Give Full Name of Father Herbert G. Mitchell Mother Carrie Esther Mitchell

Nationality of Father Scotch-Irish Mother Scotch-Irish Are Both Living Yes

What is Father's Business or Profession Farmer-renter

Is Father's Pecuniary Condition Indigent, Easy or Affluent Poor circumstances

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Inkster, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Inkster On What Railway Gt. Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested

Name Applicants Brothers and Sisters—Oldest First Leona, Myrdith, Lena

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness attack of measles at 1½ yrs. of age

At What Age did Applicant Become Deaf 1½ yrs If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Yes Where { Ark, N.D. / Inkster, N.D. When How Long { 2 yrs / 3 yrs

What Sounds Can the Applicant Hear, If any Hears loud conversation

Can He Speak any Words Distinctly almost all words distinctly

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist Mastoid operation Dr. Marsden, Grand Forks, 1918

If so, With What Results —

How do thhe Parents Talk with Him By voice

What Useful Things Can He do About the House Anything

Has Applicant Sound Mind (?) But we think so Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight Wears glasses

Has Applicant Had Small Pox Yes Scarlet Fever No Measles Yes

Mumps No Whooping Cough Yes Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Dr. B. D. Lemery, Inkster. School nurse Todnes

Give Here Name and Address of Applicant's Family Physician Dr. B. D. Lemery, Inkster

Admitted 9/13/14
Dropped at end of term 1922
In school 6 yrs

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 293 307

Sex Female Color White Nationality American Name Verba Frances Linson

Born April 26, 1916 At Mountrail, N. D. Age Last Birthday Residence Now Belden

Admitted from what County Mountrail Co Date Sept. 13, 1916 Railway Station Van Hook

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Verba Give Full Name of Father Melvin G. Linson Mother Verle B. Linson

Nationality of Father American Mother American Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Belden, N. D.

If they Live on a Farm give Description Sec. 32, 154, 91 On Rural Telephone

Name of Nearest Railroad Station Van Hook On What Railway Soo

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Verne (brother)

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Born deaf

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause Unknown

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly Yes, at times

Can He Read Words from the Motion of the Lips Some words

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results No benefit

How do thhe Parents Talk with Him Hands & Signs

What Useful Things Can He do About the House Most anything for a child her age

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Methodist

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Nellie B. Linson, Beeden, N. D.

Give Here Name and Address of Applicant's Family Physician M. G. Fleck, Stanley, N. D.

Admitted 9/13/16
Graduated June 5, 1928. Took post graduate 1928-29
13 yrs in school

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 296 308

Sex Female Color White Nationality American Name Alice Evangeline Wilburg

Born Jan. 11, 1906 At Bartlett, N. D. Age Last Birthday Residence Now Bartlett

Admitted from what County Ramsey Date Sept. 13, 1916 Railway Station "

Clothing and Transportation Paid By Mrs. Fred Wilburg, Bartlett Supported By Mrs. Fred Wilburg, Bartlett

What is He Called at Home Alice Give Full Name of Father Mother Nellie Irene Wilburg

Nationality of Father American Mother American Are Both Living No

What is Father's Business or Profession —

Is Father's Pecuniary Condition Indigent, Easy or Affluent —

Does Applicant Live With Parents No If Not Why Father is dead

With Whom Does He Live Grandparents

Are Parents Both Living No Which is Dead Father Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian Mrs. Fred Wilburg.

Post Office Address of Parent or Guardian and County Bartlett.

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station — On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested Mrs. Fred Wilburg, Bartlett, N. D.

Name Applicants Brothers and Sisters—Oldest First Bertram and Juanita (Twins)

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Measles, also running ears from teething

At What Age did Applicant Become Deaf 4 yrs If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Yes Where When How Long

What Sounds Can the Applicant Hear, If any All sounds

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Dr. Marsden, Grand Forks, Dr. Strain, St. Falls, Mont.

If so, With What Results —

How do thhe Parents Talk with Him The same as to any other child.

What Useful Things Can He do About the House The same as any normal child of her age.

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity No

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated Yes When This year (1915)

What is the Condition of Eye Sight Very poor

Has Applicant Had Small Pox No | Scarlet Fever No | Measles Yes, twice

Mumps No | Whooping Cough Yes | Spotted Fever No | Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf

Is His Father a Citizen of North Dakota He was

Has the Father any Intention of Leaving the State Within a Year —

Give Name and Post Office Address of Person Furnishing this Information Mrs. Nellie Hilbury, O'Dell's Store, Grand Forks.

Give Here Name and Address of Applicant's Family Physician Dr. Marsden, Grand Forks
Dr. Dieu, Devils Lake.

Admitted: 9/13/16
Graduated: June, 1924.
In school: 8 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 275 309

Sex Female Color White Nationality Norwegian Name Olga Granum

Born July 11, 1891 At Dunn Co., Wis. Age Last Birthday Residence Now Taylor, N. D.

Admitted from what County Stark Date Sept. 13, 1916 Railway Station " "

Clothing and Transportation Paid By Christ Granum (brother) Supported By Christ Granum

Moved to California

What is He Called at Home Olga Give Full Name of Father John Granum Mother Mary Granum (Step-mother)

Nationality of Father Norwegian Mother Norwegian Are Both Living No

What is Father's Business or Profession —

Is ~~Father's~~ brother's Pecuniary Condition Indigent, Easy or Affluent In comfortable circumstances

Does Applicant Live With Parents No If Not Why

With Whom Does He Live Brother

Are Parents Both Living No Which is Dead Both Has a Second Marriage Taken Place Yes

If Parents are Dead or Do Not Support the Child, Who is Guardian

Post Office Address of Parent or Guardian and County Christ Granum, Taylor, N. D.

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Taylor On What Railway Northern Pacific

Are the Parents to Clothe Applicant and Pay Traveling Expenses Brother

Who Will Take Applicant Home in Vacation—or When Requested "

Name Applicants Brothers and Sisters—Oldest First Christ, Anna, Ole, Olga.

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So Yes Give Name and Cause in Each Case Ole partially deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Born partially deaf

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause Congenital

Has Applicant Attended School Yes Where California School for Deaf When How Long 2½ yrs

What Sounds Can the Applicant Hear, If any All loud sounds and loud talking

Can He Speak any Words Distinctly Yes, talks fairly well, good oral pupil.

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist Ears in good condition. Adenoids removed 1913.

If so, With What Results

How do thhe Parents Talk with Him Orally

What Useful Things Can He do About the House Anything

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity No

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated Yes ~~No~~ When 1900

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No | Scarlet Fever No | Measles No

Mumps Yes | Whooping Cough No | Spotted Fever No | Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Probably

Is His Father a Citizen of North Dakota Brother is citizen & tax-payer

Has the ~~Father~~ Brother any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Filled out from office records of California School for Deaf & Blind, Berkeley, Cal.

Give Here Name and Address of Applicant's Family Physician

Admitted: 9/13/16
Moved out of State: 1920
4 yrs. in school.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. ~~296~~ 310

Sex Male Color White Nationality American Name William Henry Baker

Born July 13, 1909 At Ogre, Okla. Age Last Birthday Residence Now

Admitted from what County Emmons Date Sept. 13, 1916 Railway Station

Clothing and Transportation Paid By Parents Supported By Parents

Moved to Hoodville, Montana, June 13, 1917.

What is He Called at Home Henry Give Full Name of Father Chas. P. Baker Mother Flora Baker

Nationality of Father American Mother Scotch-Irish Are Both Living Yes

What is Father's Business or Profession Laborer, very poor, but industious and temperate.

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Linton, Emmons Co.

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station On What Railway C. M. & St. Paul - N. D.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First

David Alexander (8); Clyde Russell (6); Ida May (3)

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives None Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Cold and exposure

At What Age did Applicant Become Deaf 7 yrs If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Notices no ~~sounds~~ sounds but shocks and jars

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him By motions

What Useful Things Can He do About the House Bring wood, wash dishes, or anything that any normal child can do.

Has Applicant Sound Mind Yes — Good Health Excellent — Any Bodily Deformity None

Any Immoral Habits None — Any Contagious Disease None — Nervous Trembling No, tho timid

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated — When

What is the Condition of Eye Sight Perfect

Has Applicant Had Small Pox No — Scarlet Fever No — Measles No

Mumps No — Whooping Cough Yes — Spotted Fever No — Diphtheria No

What Church Shall Applicant Attend Missionary Baptist

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Mrs. O. E. Burge, Linton, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. L. L. Hagen, Linton, N. D.

Admitted: 9/13/16
Moved out of state after end of school term 1916-17
In school 1 yr.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 311

Sex Male Color White Nationality German Name Otto Vogel

Born Dec 9, 1905 At Rock Lake Age Last Birthday Residence Now Rock Lake

Admitted from what County Towner Date Sept. 16, 1916 Railway Station " "

Clothing and Transportation Paid By Father Supported By Father

Deceased.

What is He Called at Home Otto Give Full Name of Father Fred Vogel Mother

Nationality of Father German Mother Are Both Living Died Nov 1918 Influenza

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent very poor

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living No Which is Dead Mother Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Rock Lake, Towner

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station Rock Lake On What Railway Farmers' Ry.

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First

Hulda, Elsie, Otto

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So — Give Name and Cause in Each Case Hulda & Elsie are deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause Unknown

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly "

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him By motions

What Useful Things Can He do About the House Chores & work about the house.

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles Yes

Mumps Yes Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Andrew Foley, Rock Lake.

Give Here Name and Address of Applicant's Family Physician Dr. Norman Balfour, Rock Lake.

Admitted 9/16/16
Died Nov. 1918
In school 2 yrs 3 mo.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 298 312

Sex Male Color White Nationality German Name Robert Mauty

Born Apr. 7, 1909 At Cole Harbor Age Last Birthday Residence Now Cole Harbor

Admitted from what County McLean Date Sept. 19, 1916 Railway Station " "

Clothing and Transportation Paid By Mother Supported By Mother

Dropped from rolls May 31, 1927 - Reached his mental limit.

What is He Called at Home Robert Give Full Name of Father Edward Mauty Mother Sophie Mauty

Nationality of Father German Mother German Are Both Living No

What is Father's Business or Profession Father was a farmer

Is ~~Father's~~ Mother's Pecuniary Condition Indigent, Easy or Affluent Mother has had struggle to support family

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living No Which is Dead Father Has a Second Marriage Taken Place No

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Cole Harbor, McLean County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Cole Harbor On What Railway Soo Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Mother

Name Applicants Brothers and Sisters—Oldest First

Pauline, Emelia, Bertha, Edward, (Robert), Lydia

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So — Give Name and Cause in Each Case Emelia & Bertha are deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Born deaf

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause Can give no cause

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Hand clapping or knocking

Can He Speak any Words Distinctly Mamma

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him With signs

What Useful Things Can He do About the House He is trying to imitate his sisters & brothers in working.

Has Applicant Sound Mind Yes | Good Health Yes | Any Bodily Deformity No

Any Immoral Habits No | Any Contagious Disease No | Nervous Trembling No

Tobacco Habit No | Fits of Any Kind No | Been Vaccinated Not yet When —

What is the Condition of Eye Sight Is all right.

Has Applicant Had Small Pox No | Scarlet Fever No | Measles Yes

Mumps No | Whooping Cough Yes | Spotted Fever No | Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His ~~Father~~ Mother a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Rev. J. J. Raesch, Garrison, N. D.

Give Here Name and Address of Applicant's Family Physician Stucky & Stucky, Garrison, N. D.

Admitted 9/19/16
Reached Mental Limit at end of term 1926-27.
In school 11 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 313

Sex Female Color White Nationality German Name Christina Freliah

Born Jan. 19, 1910 At Towner, N. D. Age Last Birthday Residence Now

Admitted from what County Ramsey Date Sept. 21, 1916 Railway Station Devils Lake

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Christina Give Full Name of Father Andrew Freliah Mother Marguerita Freliah

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Good

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Devils Lake, Route #5

If they Live on a Farm give Description Sec. 36, Twp. 156, Range 63 On Rural Telephone

Name of Nearest Railroad Station Southam On What Railway Soo Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Joseph, (Christina), Rosa

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Not that we know of Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Violent whooping cough

At What Age did Applicant Become Deaf 1 yr. If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips We think so

Have his Ears Been Especially Examined or Treated by and Aurist Yes, twice

If so, With What Results Dr. Dieco said nothing could be done.

How do thhe Parents Talk with Him By signs

What Useful Things Can He do About the House Not any more than other children of her age do.

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox Yes No Scarlet Fever No Measles I think so

Mumps No Whooping Cough Yes- bad Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota ~~No~~ Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Andrew Froelich, Devils Lake, Route #5

Give Here Name and Address of Applicant's Family Physician Dr. Lowe, — gone now

admitted 9/21/16
Graduated June 4, 1929
In school: 13 yrs.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 300 314

Sex Female Color White Nationality German Name Magdelina Hoffpauir

Born March 18 1908 At Pierce County Age Last Birthday 8 yrs Residence Now Esmond

Admitted from what County Benson Date Sept 23, 1917 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Magdelina Give Full Name of Father Vincent Hoffpauir Mother Barbara Hoffpauir

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Esmond, Benson County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Esmond On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Yes

Name Applicants Brothers and Sisters—Oldest First Regina, Katherina, Vinzenz, Franz & Ignatz

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case Katherina deaf from eye sickness

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Deaf sister Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Cannot state reason

At What Age did Applicant Become Deaf 2 yrs If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Almost every sound

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist No

If so, With What Results —

How do thhe Parents Talk with Him Through loud talk

What Useful Things Can He do About the House Housework

Has Applicant Sound Mind

Good Health Yes

Any Bodily Deformity

Any Immoral Habits No

Any Contagious Disease No

Nervous Trembling No

Tobacco Habit No

Fits of Any Kind

Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No

Scarlet Fever No

Measles No

Mumps No

Whooping Cough No

Spotted Fever No

Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Vincent Hoffpauir, Esmond, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Leeds, Esmond, N. D.

admitted 3/18/08

Graduated June 4, 1929

In school 13 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 301 315

Sex Male Color White Nationality Scotch Name James Blair Campbell

Born June 27, 1909 At Battineau Age Last Birthday 7 years Residence Now Westhope

Admitted from what County Battineau Date Oct, 9, 1916 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home J. B. Give Full Name of Father Neil B. Campbell Mother Kate Campbell

Nationality of Father Scotch Mother Scotch Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Comfortable

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Westhope, Battineau County

If they Live on a Farm give Description Nor 1/2, Sec 3, Twp. 162, Range 81 On Rural Telephone

Name of Nearest Railroad Station Lurakii On What Railway St. Northern

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First

Flora Catherine (James Blair) Georg Morrison, Margaret Isabella.

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So — Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Yes Give Particulars Second cousin born deaf

Was there any Blood Relation in the Parents Before Marriage Yes

If so, Were they First, Second, Third or Fourth Cousins Second

What Does the Doctor and Parents Give as Cause of the Deafness Unknown

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause Cause unknown

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None as far as we know.

Can He Speak any Words Distinctly Papa & Mama.

Can He Read Words from the Motion of the Lips Better by speaking than by signs alone.

Have his Ears Been Especially Examined or Treated by and Aurist Yes, when three years bed.

If so, With What Results No results.

How do thhe Parents Talk with Him Speaking & signs at same time

What Useful Things Can He do About the House He is most willing to do anything for his age that he is able to do.

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Presbyterian

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Neil C. Campbell, Westhope, N. D.

Give Here Name and Address of Applicant's Family Physician A. C. Durnlin, Westhope, N. D.

admitted 6/27/09

Graduated June 3, 1930

In school 14 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 308 316

Sex Male Color White Nationality Austrian Name John Rodakowski

Born June 4, 1907 At Belfield Age Last Birthday Residence Now Belfield

Admitted from what County Stark Date Oct. 24, 1916 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

Moved to Oregon.

What is He Called at Home John Give Full Name of Father Pete Rodakowski Mother Annie Rodakowski

Nationality of Father Austrian Mother Austrian Are Both Living Yes

What is Father's Business or Profession Merchant

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Belfield, Stark County

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station Belfield On What Railway N. P. Main Line

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Parents

Name Applicants Brothers and Sisters—Oldest First Mike, Ida, Ludwig, August

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Not one on either side Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Apparently born deaf

At What Age did Applicant Become Deaf — If Born Deaf What do Parents Consider Cause Do not know

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist 3 physicians were of opinion that he is not totally deaf in one ear.

If so, With What Results —

How do thhe Parents Talk with Him By motions

What Useful Things Can He do About the House Did all chores about house on farm close to city

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated No When —

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Roman Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information (H. A. Mackhoff, atty) Rev P. Pomeranoe, Belfield

Give Here Name and Address of Applicant's Family Physician Has no family physician.

admitted 6/4/07
Moved out of State 1909
In school 3 years.

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 303 317

Sex Female Color White Nationality French Name Josephine Bernard

Born June 5, 1907 At Grafton Age Last Birthday Residence Now Grafton

Admitted from what County Walsh Date Nov. 2, 1916 Railway Station "

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Josie Give Full Name of Father Henry Bernard Mother Josephine Bernard

Nationality of Father French Mother French Are Both Living Yes

What is Father's Business or Profession Engineer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Easy

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Grafton, Walsh County

If they Live on a Farm give Description — On Rural Telephone

Name of Nearest Railroad Station On What Railway

Are the Parents to Clothe Applicant and Pay Traveling Expenses Yes

Who Will Take Applicant Home in Vacation—or When Requested Father or Mother

Name Applicants Brothers and Sisters—Oldest First Henry, 9 yrs. Frank 15 months.

Are Any Brothers or Sisters or Relatives Deaf No Blind No Idiotic No Insane No

Or Partially So No Give Name and Cause in Each Case —

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives No Give Particulars —

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Caused by cold in the head

At What Age did Applicant Become Deaf 4 yrs. If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School Yes Where { Grafton / Oakwood, N.D. When How Long Since age of 7.

What Sounds Can the Applicant Hear, If any She can hear loud noise

Can He Speak any Words Distinctly Yes

Can He Read Words from the Motion of the Lips Yes

Have his Ears Been Especially Examined or Treated by and Aurist They have been treated many times

If so, With What Results None

How do thhe Parents Talk with Him With motion of lips

What Useful Things Can He do About the House She can help a little with everything in the house, washing dishes, and so on. Dr. Mayo removed adenoids and treated her throat when she was 5 yrs. Dr. Trumbull, of Winnipeg, examined her at 11 yrs.

Has Applicant Sound Mind Yes — Good Health Yes — Any Bodily Deformity No

Any Immoral Habits No — Any Contagious Disease No — Nervous Trembling No

Tobacco Habit No — Fits of Any Kind No — Been Vaccinated Yes — When 3 yrs. ago.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No — Scarlet Fever No — Measles Yes

Mumps Yes — Whooping Cough Yes — Spotted Fever No — Diphtheria No

What Church Shall Applicant Attend Catholic

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information John Feeley, Grafton, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. Glaspel, Grafton, N. D.

admitted 6/5/02
Graduated June, 1925.
In school 9 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 3043 18

Sex Male Color White Nationality German Name Fred Doerter

Born Oct. 26, 1903 At Age Last Birthday Residence Now Lincoln Valley

Admitted from what County Sheridan Date Nov. 24, 1916 Railway Station Anamoose

Clothing and Transportation Paid By Father Supported By Father

Reached his mental limit 1922.

What is He Called at Home Fred Give Full Name of Father Fred Doerter Mother Magdelena Doerter

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Lincoln Valley, Sheridan County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Anamoose On What Railway Soo

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Gustave, Katherine, Lydia, Odelia, Emelia

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So Give Name and Cause in Each Case Gustaves & Katherine are deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 3 yrs. If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist By physician in Russia

If so, With What Results

How do thhe Parents Talk with Him Motions

What Useful Things Can He do About the House All kinds of farm work.

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated Yes When 10 yrs. ago.

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox ~~Yes~~ No Scarlet Fever No Measles No

Mumps No Whooping Cough Yes Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Yes, Has first paper

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information E. O. Klaus, Supt. of Schools, McClusky, N. Dak.

Give Here Name and Address of Applicant's Family Physician

Admitted 10/26/03
reached mental limit
In school 6 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 305 319

Sex Male Color White Nationality German Name Gustave Doerter

Born Mar 24, 1906 At Age Last Birthday 10 yrs. Residence Now Linden Valley

Admitted from what County Sheridan Date Nov. 24, 1916 Railway Station Anamoose

Clothing and Transportation Paid By Father Supported By Father

Reached his mental limit. 1922.

What is He Called at Home Gustave Give Full Name of Father Fred G. Doerter Mother Magdelena Doerter

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Farmer

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Yes If Not Why —

With Whom Does He Live —

Are Parents Both Living Yes Which is Dead — Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Linden Valley, Sheridan County

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Anamoose On What Railway Soo

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Fred (Gustave) Katherine, Lydia, Odelia, Emelia.

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So — Give Name and Cause in Each Case Fred & Katherina are deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage No

If so, Were they First, Second, Third or Fourth Cousins —

What Does the Doctor and Parents Give as Cause of the Deafness Sickness

At What Age did Applicant Become Deaf 2 yrs If Born Deaf What do Parents Consider Cause —

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any Can hear a little

Can He Speak any Words Distinctly "Speak" "German"

Can He Read Words from the Motion of the Lips No

Have his Ears Been Especially Examined or Treated by and Aurist Yes

If so, With What Results No results

How do thhe Parents Talk with Him Motions and real loud

What Useful Things Can He do About the House Any farm work

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever No Measles No

Mumps No Whooping Cough ~~No~~ Yes Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Lutheran

Will Parents Give Him a Full Course in the School for Deaf Yes

Is His Father a Citizen of North Dakota Has only first papers

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information E. O. Vlere, Supt. of Schools, McClusky, N.D.

Give Here Name and Address of Applicant's Family Physician Has none

admitted 11/24/16
reached mental limit
In school 5 years

NORTH DAKOTA SCHOOL FOR THE DEAF

DEVILS LAKE

Admission No. 306320

Sex Female Color White Nationality German Name Katherina Doerter

Born May 24, 1909 At Age Last Birthday Residence Now Lincoln Valley

Admitted from what County Sheridan Date Nov. 24, 1916 Railway Station Anamoose

Clothing and Transportation Paid By Father Supported By Father

What is He Called at Home Katherina Give Full Name of Father Fred G. Doerter Mother Magdelena Doerter

Nationality of Father German Mother German Are Both Living Yes

What is Father's Business or Profession Father

Is Father's Pecuniary Condition Indigent, Easy or Affluent Indigent

Does Applicant Live With Parents Ye- If Not Why —

With Whom Does He Live Parents.

Are Parents Both Living Which is Dead Has a Second Marriage Taken Place —

If Parents are Dead or Do Not Support the Child, Who is Guardian —

Post Office Address of Parent or Guardian and County Lincoln Valley

If they Live on a Farm give Description On Rural Telephone

Name of Nearest Railroad Station Anamoose On What Railway Soo

Are the Parents to Clothe Applicant and Pay Traveling Expenses No

Who Will Take Applicant Home in Vacation—or When Requested Father

Name Applicants Brothers and Sisters—Oldest First Fred, Gustave, (Katherina) Lydia, Odelia, Emelia

Are Any Brothers or Sisters or Relatives Deaf Yes Blind No Idiotic No Insane No

Or Partially So — Give Name and Cause in Each Case Fred & Gustave are deaf

Has the Applicant's Parents any Deaf, Blind, or Insane Relatives Give Particulars

Was there any Blood Relation in the Parents Before Marriage

If so, Were they First, Second, Third or Fourth Cousins

What Does the Doctor and Parents Give as Cause of the Deafness

At What Age did Applicant Become Deaf 1 yr. If Born Deaf What do Parents Consider Cause Sickness

Has Applicant Attended School No Where — When — How Long —

What Sounds Can the Applicant Hear, If any None

Can He Speak any Words Distinctly No

Can He Read Words from the Motion of the Lips Yes, some

Have his Ears Been Especially Examined or Treated by and Aurist Examined but not treated. May have adenoids

If so, With What Results

How do thhe Parents Talk with Him By speech wholly

What Useful Things Can He do About the House Everything an ordinary child would do.

Has Applicant Sound Mind Yes Good Health Yes Any Bodily Deformity No

Any Immoral Habits No Any Contagious Disease No Nervous Trembling No

Tobacco Habit No Fits of Any Kind No Been Vaccinated When

What is the Condition of Eye Sight Good

Has Applicant Had Small Pox No Scarlet Fever Yes Measles Yes

Mumps No Whooping Cough No Spotted Fever No Diphtheria No

What Church Shall Applicant Attend Methodist

Will Parents Give Him a Full Course in the School for Deaf Provided she cannot be educated better elsewhere

Is His Father a Citizen of North Dakota Yes

Has the Father any Intention of Leaving the State Within a Year No

Give Name and Post Office Address of Person Furnishing this Information Frank Read, Jr., Devils Lake, N. D.

Give Here Name and Address of Applicant's Family Physician Dr. E. E. Hands, Lisbon, N. D.

admitted 1/13/05
dropped June 1918
In school 1½ years